**Educational Goals and Objectives:**
The residents during this rotation will learn about disorders related to gastrointestinal tract and liver. The rotation is mainly an inpatient clinical experience. The residents may also attend outpatient GI clinic. The residents also get opportunity to observe various GI-related procedures like upper endoscopy and colonoscopy. The residents also get opportunity to observe and perform Paracentesis.

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>PGY 1</th>
<th>PGY 2</th>
<th>PGY 3</th>
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</thead>
<tbody>
<tr>
<td>● Residents will gather a detailed history with complete description of the symptoms</td>
<td>● Prioritize patient’s problems.</td>
<td>● Performs well in ambiguous situation.</td>
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<tr>
<td>● Resident will be able to perform a complete abdominal exam, including percussion and auscultation.</td>
<td>● Residents will present without notes.</td>
<td>● Spends time appropriately to the complexity of the problem.</td>
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<tr>
<td>● Perform in a satisfactory way on Mini CEX.</td>
<td>● Resident teaches junior residents/medical students the fundamentals of history taking.</td>
<td>● Elicits subtle findings on physical examination.</td>
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<tr>
<td>● Residents are expected to know the indications, contraindications and complications of paracentesis and Endoscopy.</td>
<td>● Resident teaches junior residents/medical students the fundamentals of the time sensitive P/E.</td>
<td>● Able to teach paracentesis.</td>
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<td></td>
<td>● Resident will demonstrate developing competency in the completion of paracentesis</td>
<td>● Resident will demonstrate developing competence in the interpretation of abdominal imaging.</td>
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<thead>
<tr>
<th>Medical Knowledge</th>
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<tr>
<td>● Resident understands the epidemiology, pathophysiology, and treatment of common gastrointestinal and hepatic illnesses, including diarrhea, constipation, inflammatory bowel disease, pancreatitis, GERD, peptic ulcer disease, viral hepatitis, alcoholic liver disease, cirrhosis.</td>
<td>● Resident will become familiar with gastrointestinal and hepatic manifestations of systemic disease.</td>
<td>● Gastrointestinal bleeding, including variceal bleeding.</td>
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<td>● Resident will become familiar with the impact of gastrointestinal and hepatic disease on other major organ systems.</td>
<td>● Liver failure</td>
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<td>● Indications for PEG placement.</td>
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<td>● Develop an analytic approach to clinical scenarios.</td>
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<tr>
<th>Practice-Based Learning and Improvement</th>
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<tbody>
<tr>
<td>● Resident prioritizes treatment decisions based on patient’s severity of illness.</td>
<td>● Asks for help when needed self-motivated to acquire knowledge</td>
<td>● Resident will use major textbooks, review articles, and current literature to facilitate patient</td>
</tr>
</tbody>
</table>
### Interpersonal and Communication Skills
- Resident communicates regularly with patient and his/her family.
- Resident provides feedback to junior team members.

### Professionalism
- Resident recognizes and takes steps to correct his/her deficiencies.
- Resident treats team members with respect, including nurses and other health care providers.
- Resident adheres to all ACGME mandated duty hour restrictions.
- Resident completes medical records on time.

### Systems-Based Practice
- Resident can effectively initiate the appropriate use of other consultants in the care of patients with gastrointestinal and hepatic diseases.

### Teaching Methods:
1. Direct patient care
2. Faculty supervision
3. Core curriculum
4. Observed clinical examination skills
5. Reading materials and literature search

### Assessment Methods – Competency Score Card:
**Medical Knowledge**
1. Monthly test
2. New Innovation evaluations

Patient Care
   1. Procedures
   2. Mini-CEX
   3. New Innovation evaluations

Practice-Based Learning
   1. New Innovation evaluations
   2. Consultation/Literature search (PGY 2/3)

System-Based Learning
   1. New Innovation evaluations

Professionalism
   1. Medical record completion
   2. New Innovation evaluations
   3. Dictation completeness

Communications
   1. New Innovation evaluations
   2. Transition of care (hand-off)

**Educational Resources:**
Harrison’s Principle of Internal Medicine

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