GASTROENTEROLOGY FELLOWSHIP
OUTPATIENT CLINIC & ENDOSCOPY ROTATION
GOALS AND OBJECTIVES
The University of Toledo Medical Center

Educational Purpose and Objectives:
The Outpatient Clinic and Outpatient Endoscopy rotation at The University of Toledo Medical Center provides a unique opportunity for fellows in training to see patients referred to the clinic regarding specific issues related to gastrointestinal problems that often include complex cases, referrals from outside physicians, and second opinions regarding diagnosis and management. Working one-on-one with faculty in the Clinic provides close interaction between fellows and staff in the effective analysis of a very wide range of gastrointestinal problems, and the effective management and efficiency of operations related to outpatient practice. The effective use of symptomatic treatment, as well as specific treatment for structural pathological conditions is emphasized. Fellows will attend outpatient clinic and procedures. Fellows will be assigned 3-4 clinic days per week during this rotation including their half day per week continuity clinic and 1-1.5 days of endoscopy.

Some of the more common conditions encountered are: irritable bowel syndrome, inflammatory bowel disease, motility disorders, malabsorption, and screening/surveillance for neoplasia or dysplasia. Fellows will also refine their skills in making differential diagnoses of other structural abnormalities involved in the esophagus, stomach, or duodenum. Fellows will gain knowledge in the management of medications that may have serious systemic complications and/or the potential for drug interaction.

Fellows have an opportunity and are expected to closely interact with consultants from other departments and divisions and with physicians and support staff during the Clinic and the endoscopy component of the rotation and with faculty who perform motility studies. Utilization of resources for more complex motility problems, referral to other specialty clinics, and learning to be a consultant in this setting, are skills that are taught on this rotation. The rotation also provides an opportunity for fellows to relate to family members who often accompany patients during their outpatient visits. Fellows also have an opportunity to receive feedback on dictated reports they submit so that effective communication will also be taught during this learning encounter.

Although the focus of the outpatient rotation highlights the areas described above, competency and the management of other diseases involving gastrointestinal problems is provided and reinforced by the one-on-one working relationship that characterizes the fellow-staff interaction at the outpatient setting.

First Year Fellow:
Goal: A Year I fellow should be able to assess new patient problems. This rotation exposes fellows to both acute and chronic outpatient gastrointestinal diseases. They will formulate and execute a treatment plan with guidance and teach basic gastroenterology skills to medical students and other trainees. Year I fellows should begin to develop basic procedural competencies in diagnostic upper endoscopy and colonoscopy.

	First Year Fellow
Patient Care	**Goal:** Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of gastrointestinal problems. **Patient Care Objectives:** Perform an accurate physical examination and present information concisely with an

	initial assessment plan. With attending consultation, formulate and execute an impression and a list of recommendations. Fellows will have formal instruction and clinical experience to: • Create differential diagnoses of other structural abnormalities involved in the esophagus, stomach, or duodenum. • Evaluate, assess, and recommend cost-effective management of patients. • Provide primary prevention, and screening for colorectal cancer • Obtain knowledge about the recommended guidelines for other screening gastrointestinal neoplasia • Inform the patients about the management of psychosocial mind-gut interactions. • Recognize the impact of disease and therapeutic options on the patient's overall well-being and family. • Learn to provide outpatient care that is safe and compassionate and to develop the ability to thoroughly and clearly educate the patient in the relevant areas of disease prevention, detection, progression and therapy to promote health. **Knowledge:** Fellows will demonstrate knowledge of: • Available treatment methods for the major clinical gastrointestinal disorders and the evidence which supports their use. • Preventive interventions used in gastroenterology. **Skills:** Fellows will demonstrate the ability: To perform and document a comprehensive history and examination to include as appropriate: • chief complaint • history of present illness • developmental history • past medical history • family history • social history • mental history With the attending consultation and assistance, fellows will be able to recognize and treat gastrointestinal disorders including: • dysphagia • abdominal pain • nausea/vomiting • diarrhea • constipation • depression • esophagus • acid-peptic

	• motor-disorder • irritable bowel • malabsorption • Inflammatory bowel disease • immune basis of GI diseases Fellows will be able to perform an accurate physical examination and present information concisely with an initial assessment plan. When indicated, consent patients for procedures and order appropriate diagnostic tests (e.g., endoscopy, radiologic tests, etc.). Perform with supervision the following basic procedures: • Colonoscopy o By completion of Year I a fellow should be able to perform a diagnostic colonoscopy to the cecum with limited assistance. • Esophagogastroduodenoscopy (EGD or Upper Endoscopy) o By completion of Year I a fellow should be able to perform a diagnostic endoscopy to the second portion of the duodenum. **Attitudes** Fellows will: • Be strong advocates for the patient's best interest. • Strive to provide quality care within available resources. • Be sensitive to patient's cultural differences. • Be sensitive to confidentiality and consent issues. **Demonstrated by:** Clinical care of patients; focused case discussions with faculty; presentations at conferences; self-initiated independent learning; direct observation by faculty during clinics and on clinic rotations; case conferences; chart review with supervisors
Medical Knowledge	**Goal:** Fellows must demonstrate basic knowledge about established and evolving medicine that would be critical to the practice of gastroenterology. **Knowledge:** A basic knowledge in general GI and specific topics will include: • dysphagia • abdominal pain • nausea/vomiting • diarrhea • constipation • depression • esophagus • acid-peptic • motor-disorders/motility • irritable bowel syndrome • malabsorption

	• inflammatory bowel disease • immune basis of GI diseases **Skills:** Fellows will demonstrate the ability to: • Perform a complete history and physical exam. • Understand the indications for and appropriate preparation for conscious sedation. • Perform and interpret endoscopy. • Perform and interpret GI motility exams. • Interpret specialized GI tests, histology and radiology. • Accumulate and begin to solve the issues that he/she encounters from other trainees, attending and related medical professionals. • Teach medical students the basics of gastroenterology and hepatology care. **Attitudes:** Fellows must maintain and apply an investigatory and analytic thinking approach to clinical situations. **Demonstrated by:** Clinical care of patients; discussions with attendings; formal presentations at conferences; self-initiated independent thinking **OTHER ACTIVITES DURING THE OUTPATIENT ROTATION:** • Attend core conferences and teaching rounds to learn the pathophysiology, epidemiology, disease management and procedure and medicine management skills for common and uncommon inpatient gastrointestinal diseases • Organize GI conferences on a rotational basis. • Present GI topic on a rotational basis, with handout and review of literature. • Participate in monthly Journal Club. • Participate in lectures in gastroenterology. • Reading suggestions: o Textbooks: Schlessinger and Fordtran's *Gastrointestinal and Liver Disease;* Zakim and Boyer, *Hepatology: A Textbook of Liver Disease.* o Journals: Gastroenterology, Hepatology, American Journal of Gastroenterology
Practice-Based Learning and Improvement	**Goal:** Fellows must demonstrate the knowledge, skills, and attitudes necessary to initiate self-directed and independent learning. Fellows must keep abreast of current information and practices relevant to gastroenterology. **Knowledge**: Fellows will demonstrate knowledge of: • Research methodology, including critical assessment of professional journal articles. • Principles of evidenced-based medicine. • Awareness of available information technologies and the ability to access them.

	Skills: Fellows will be able to: Demonstrate the ability to obtain, interpret, and evaluate up-to-date information from the scientific and practice literature to assist in the quality care of patients. This shall include, but not be limited to: • Use of medical libraries • Use of information technology, including Internet-based searches and literature databases (e.g., Medline) • Use of drug information databases. • Active participation, as appropriate, in educational courses, conferences, and other organized educational activities both at the local and national levels. • Conducting and presenting reviews of current research in such formats as journal clubs, grand rounds, and/or original publications • Assess the generalizability or applicability of research findings to patients in relation to their sociodemographic and clinical characteristics. The physician shall demonstrate an ability to critically evaluate the relevant medical literature. Evaluate caseload and practice experience in a systematic manner. This may include: • Case-based learning • The review of patient records and outcomes • Obtaining appropriate supervision and consultation **Attitudes:** Fellows will: • Maintain an attitude of inquiry and scholarship, recognizing the need for lifelong learning. • Maintain openness and flexibility in treatment approaches with patients, assimilating new knowledge in patient care practices. **Demonstrated by:** Self-directed inquiry guiding clinical care of patients; formal presentations which include literature review, and teaching others; case based focused discussion with attending.
Interpersonal and Communication Skills	**Goal:** Fellows must demonstrate the knowledge, skills, and attitudes necessary to develop and maintain appropriate interpersonal relationships and to communicate effectively with patients, families, colleagues and the public. **Knowledge**: Fellows will demonstrate knowledge of: • Interviewing techniques. • Communication techniques. **Skills**: Fellows will be able to: Demonstrate the ability to obtain, interpret, and evaluate consultations from other medical specialties. This shall include: • Knowing when to solicit consultation and having sensitivity to assess need for consultation

	• Discussing consultation findings with patients and their families • Evaluating the consultation findings • Recognize the impact of disease and treatment on patient and family Serve as an effective consultant to other medical specialists and community agencies. This shall include: • Communicating effectively with the requesting party to refine the consultation question • Maintain the role of consultant • Communicate clear and specific recommendations • Respect the knowledge and expertise of the requesting party Demonstrate the ability to communicate effectively with patients and their families by: • Gearing all communication to the educational/intellectual levels of patients and their families • Providing explanations of gastrointestinal disorders and treatment (both verbally and in written form) that are jargon-free and geared to the educational/intellectual level of patients and their families • Providing preventive education that is understandable and practical as applicable • Respecting the patients' cultural, ethnic, and economic backgrounds • Developing and enhancing rapport and a working alliance with patients and families • Maintain medical records and written prescriptions that are legible and up-to-date. These records must capture essential information while simultaneously respecting patient privacy and be useful to health professionals outside gastroenterology. • Recognize the need for and effectively use interpreters when necessary. **Attitudes:** Fellows will: • Maintain an attitude of respect for others, even those with differing points of view. • Exhibit culturally sensitive, professional, ethically sound behavior in all patient and professional interactions. • Maintain an attitude of interdisciplinary collaboration. • Maintain a polite and courteous attitude at all times. **Demonstrated by:** Chart documentation; direct observation; teaching others; professional relationships; formal presentations; independent learning; seeking feedback on communication and performance
Professionalism	**Goal:** Fellows must demonstrate the knowledge, skills, and attitudes necessary to practice professionally responsible, ethical and compassionate care in gastroenterology. **Knowledge**: Fellows will demonstrate knowledge of:

	• The impact of gender, culture, religion, socioeconomic factors, and family structures and systems on issues pertaining to gastroenterology. • The different roles a gastroenterologist might fulfill in different settings. • Legal issues relevant to gastroenterology. • Ethical issues in gastroenterology, including appropriate uses of percutaneous endoscopic gastrostomy (PEG). • Ethical issues important in the conducting of research with humans. **Skills**: • Fellows will be able to: • Respond to communications from patients and health professionals in a timely manner. If unavailable, the physician shall establish and communicate back-up arrangements. • Use medical records for appropriate documentation of the course of illness and its treatment. • Provide continuity of care including appropriate consultation, transfer, or termination of patients. • Demonstrate ethical behavior, integrity, honesty, professional conduct, compassion and confidentially in the delivery of patient care, including obtaining informed consent/assent, and declaring conflict of interest. • Demonstrate respect for patients and colleagues as individuals, by showing sensitivity to their age, culture, disabilities, ethnicity, gender, socioeconomic background, religious beliefs, political affiliations, and sexual orientation. • Demonstrate appreciation of end-of-life care and issues regarding provision or withholding of care. • Acknowledge responsibility for his or her decisions and demonstrate commitment to the review and remediation of his or her professional conduct. • Promote the highest standards of medical healthcare to the public and participate in the review of the professional conduct of his or her colleagues. **Attitudes:** Fellows will: • Maintain an attitude of inquiry and scholarship, recognizing the need for lifelong learning. • Maintain openness and flexibility in treatment approaches with patients, assimilating new knowledge in patient care practices. **Demonstrated by:** Self-directed inquiry guiding clinical care of patients; formal presentations which include literature review, and teaching others.
Systems-Based Practice	**Goal:** Fellows must demonstrate the knowledge, skills, and attitudes necessary to manage effectively in multiple, diverse, complex systems of care to provide effective treatment, consultation and referrals for patients. **Knowledge** Fellows will demonstrate knowledge of: • Ability to identify the unique/specific characteristics of medical setting for this

	rotation. • Basic concepts of systems theory, how the role of the Gastroenterology Fellow in the Clinic relates to the Hospital as a whole, being a small unit of a much larger system, where all entities work together. • How fellows and residents' patient care practices and related actions impact component units of health care delivery. • Maintain a system for examining errors. **Skills**: Fellows will be able to: • Advocate for patients within a variety of systems. • Navigate the maze of insurance and managed care companies to meet patient needs. • Strive to practice cost-effective health care and resource allocation that does not compromise the quality of care. • Maintain a system for examining errors in practice and initiating improvements to eliminate or reduce errors. **Attitudes:** Fellows will: • Maintain an attitude of interdisciplinary collaboration, advocacy and cooperation. • Maintain flexibility in adapting to the needs and expectations of different settings and systems. • Maintain the patient's best interest as the top priority. **Demonstrated by:** Care of patients; interactions with other agencies involved in the care of patients; consultation with other professionals; participation in Quality Assurance, Utilization Review and Performance Improvement Committees; self-directed independent learning; and teaching others.

Second Year Fellow:
Goal: A Year II fellow should learn to assess and care for a larger volume of patients and learn and teach basic textbook and evidence-based medicine to medical students and other trainees. Year II fellows should independently perform diagnostic upper endoscopy and colonoscopy and begin to perform therapeutic maneuvers.

	Second Year Fellow
Patient Care	**Goal:** Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of gastrointestinal problems. **Patient Care Objectives:** • Complete a time-efficient history and physical examination. • Critique the work and orders of Year I fellows. • Direct the Year I fellows successfully with the appropriate level of intervention

for each trainee's skills.
- Present cases succinctly in a direct manner.
- Know the Outpatient Service's patients at a management level.
- Handle consult calls respectfully and appropriately.
- Teach good symptom management skills to medical students and other trainees.
- Provide outpatient care that is safe and compassionate and develop the ability to thoroughly and clearly educate the patient in the relevant areas of disease prevention, detection, progression and therapy to promote gastrointestinal health.

Knowledge:
Fellows will demonstrate knowledge of:
- Available treatment methods for the major clinical gastrointestinal disorders and the evidence which supports their use.
- Preventive interventions used in gastroenterology.

Skills:
Fellows will demonstrate the ability:
To perform and document a comprehensive history and examination to include as appropriate:
- chief complaint
- history of present illness
- developmental history
- past medical history
- family history
- social history
- mental history

Fellows will have formal instruction and clinical experience and will demonstrate competence in:
- Create differential diagnoses of other structural abnormalities involved in the esophagus, stomach, or duodenum.
- Evaluate, assess, and recommend cost-effective management of patients.
- Provide primary prevention, and screening for colorectal cancer
- Practice the recommended guidelines for other screening gastrointestinal neoplasia
- Inform the patients about the management of psychosocial mind-gut interactions.
- Recognize the impact of disease and therapeutic options on the patient's overall well-being and family.
- Learn to provide outpatient care that is safe and compassionate and to develop the ability to thoroughly and clearly educate the patient in the relevant areas of disease prevention, detection, progression and therapy to promote health.

With the attending consultation and assistance, fellows will be able to recognize and treat gastrointestinal disorders including:
- dysphagia

	• abdominal pain • nausea/vomiting • diarrhea • constipation • depression • esophagus • acid-peptic • motor-disorder • irritable bowel • malabsorption • Inflammatory bowel disease • immune basis of GI diseases Fellows will be able to perform an accurate physical examination and present information concisely with an initial assessment plan. When indicated, consent patients for procedures and order appropriate diagnostic tests (e.g., endoscopy, radiologic tests, etc.). Complete competency-level performance of the following basic procedures: • Colonoscopy o By completion of Year II, master all Year I colonoscopic skill requirements. Additionally, perform endoscopic maneuvers, including snare polypectomy and begin to develop competency in control of GI bleeding: sclerotherapy and thermal coagulopathy of bleeding vessels. • Upper Endoscopy o By completion of Year II, master all Year I upper endoscopic skill requirements. Additionally, begin to develop competency in performing therapeutic maneuvers: banding and sclerosing of varices, and sclerotherapy and thermal coagulopathy of bleeding vessels. Gastrostomy feeding tube placement (PEG). **Attitudes** Fellows will: • Be strong advocates for the patient's best interest. • Strive to provide quality care within available resources. • Be sensitive to patient's cultural differences. • Be sensitive to confidentiality and consent issues. **Demonstrated by:** Clinical care of patients; focused case discussions with faculty; presentations at conferences; self-initiated independent learning; direct observation by faculty during clinics and on clinic rotations; case conferences; chart review with supervisors
Medical	**Goal:**

Knowledge	Fellows must demonstrate basic and advanced knowledge about established and evolving medicine that would be critical to the practice of gastroenterology. **Medical Knowledge Objectives:** Begin to take a leadership role at core conferences and teaching rounds regarding the pathophysiology, epidemiology, disease management and procedures and medicine management skills for common and uncommon outpatient gastrointestinal diseases **Knowledge:** A basic and advance knowledge in general GI and specific topics will include: • dysphagia • abdominal pain • nausea/vomiting • diarrhea • constipation • depression • esophagus • acid-peptic • motor-disorders/motility • irritable bowel syndrome • malabsorption • inflammatory bowel disease • immune basis of GI diseases **Skills:** Fellows will demonstrate the ability to: • Perform a complete history and physical exam. • Understand the indications for and appropriate preparation for conscious sedation. • Perform and interpret endoscopy. • Perform and interpret GI motility exams. • Interpret specialized GI tests, histology and radiology. • Accumulate and begin to solve the issues that he/she encounters from other trainees, attending and related medical professionals. • Teach medical students the basics of gastroenterology and hepatology care. **Attitudes:** Fellows must maintain and apply an investigatory and analytic thinking approach to clinical situations. **Demonstrated by:** Clinical care of patients; discussions with attending; formal presentations at conferences; self-initiated independent thinking **OTHER ACTIVITES DURING THE OUTPATIENT ROTATION:** • Attend core conferences and teaching rounds to learn the pathophysiology,

	epidemiology, disease management and procedure and medicine management skills for common and uncommon inpatient gastrointestinal diseases • Organize GI conferences on a rotational basis. • Present GI topic on a rotational basis, with handout and review of literature. • Participate in monthly Journal Club. • Participate in lectures in gastroenterology. • Read textbook and pertinent literature materials concerning problems encountered. • Teach medical students and other trainees about gastrointestinal diseases and patient management.
Practice-Based Learning and Improvement	**Goal:** Fellows must demonstrate the knowledge, skills, and attitudes necessary to initiate self-directed and independent learning. Fellows must keep abreast of current information and practices relevant to gastroenterology. **Knowledge**: Fellows will demonstrate knowledge of: • Research methodology, including critical assessment of professional journal articles. • Principles of evidenced-based medicine. • Awareness of available information technologies and the ability to access them. **Skills**: Fellows will be able to: Demonstrate the ability to obtain, interpret, and evaluate up-to-date information from the scientific and practice literature to assist in the quality care of patients. This shall include, but not be limited to: • Use of medical libraries • Use of information technology, including Internet-based searches and literature databases (e.g., Medline) • Use of drug information databases. • Active participation, as appropriate, in educational courses, conferences, and other organized educational activities both at the local and national levels. • Conducting and presenting reviews of current research in such formats as journal clubs and/or original publications • Assess the generalizability or applicability of research findings to patients in relation to their sociodemographic and clinical characteristics. The physician shall demonstrate an ability to critically evaluate the relevant medical literature. Evaluate caseload and practice experience in a systematic manner. This may include: • Case-based learning • The review of patient records and outcomes • Obtaining appropriate supervision and consultation **Attitudes:** Fellows will: • Maintain an attitude of inquiry and scholarship, recognizing the need for lifelong

	learning. • Maintain openness and flexibility in treatment approaches with patients, assimilating new knowledge in patient care practices. **Demonstrated by:** Self-directed inquiry guiding clinical care of patients; formal presentations which include literature review, and teaching others; case based focused discussion with attending.
Interpersonal and Communication Skills	**Goal:** Fellows must demonstrate the knowledge, skills, and attitudes necessary to develop and maintain appropriate interpersonal relationships and to communicate effectively with patients, families, colleagues and the public. **Knowledge**: Fellows will demonstrate knowledge of: • Interviewing techniques. • Communication techniques. **Skills**: Fellows will be able to: Demonstrate the ability to obtain, interpret, and evaluate consultations from other medical specialties. This shall include: • Knowing when to solicit consultation and having sensitivity to assess need for consultation • Discussing consultation findings with patients and their families • Evaluating the consultation findings • Recognize the impact of disease and treatment on patient and family Serve as an effective consultant to other medical specialists and community agencies. This shall include: • Communicating effectively with the requesting party to refine the consultation question • Maintain the role of consultant • Communicate clear and specific recommendations • Respect the knowledge and expertise of the requesting party Demonstrate the ability to communicate effectively with patients and their families by: • Gearing all communication to the educational/intellectual levels of patients and their families • Providing explanations of gastrointestinal disorders and treatment (both verbally and in written form) that are jargon-free and geared to the educational/intellectual level of patients and their families • Providing preventive education that is understandable and practical as applicable • Respecting the patients' cultural, ethnic, and economic backgrounds • Developing and enhancing rapport and a working alliance with patients and families • Maintain medical records and written prescriptions that are legible and up-to-date. These records must capture essential information while simultaneously

	respecting patient privacy and be useful to health professionals outside gastroenterology. • Recognize the need for and effectively use interpreters when necessary. **Attitudes:** Fellows will: • Maintain an attitude of respect for others, even those with differing points of view. • Exhibit culturally sensitive, professional, ethically sound behavior in all patient and professional interactions. • Maintain an attitude of interdisciplinary collaboration. • Maintain a polite and courteous attitude at all times. **Demonstrated by:** Chart documentation; direct observation; teaching others; professional relationships; formal presentations; independent learning; seeking feedback on communication and performance
Professionalism	**Goal:** Fellows must demonstrate the knowledge, skills, and attitudes necessary to practice professionally responsible, ethical and compassionate care in gastroenterology. **Knowledge**: Fellows will demonstrate knowledge of: • The impact of gender, culture, religion, socioeconomic factors, and family structures and systems on issues pertaining to gastroenterology. • The different roles a gastroenterologist might fulfill in different settings. • Legal issues relevant to gastroenterology. • Ethical issues in gastroenterology, including appropriate uses of percutaneous endoscopic gastrostomy (PEG). • Ethical issues important in the conducting of research with humans and the role of the Committee for the Protection of Human Subjects. **Skills**: • Fellows will be able to: • Respond to communications from patients and health professionals in a timely manner. If unavailable, the physician shall establish and communicate back-up arrangements. • Use medical records for appropriate documentation of the course of illness and its treatment. • Provide continuity of care including appropriate consultation, transfer, or termination of patients. • Demonstrate ethical behavior, integrity, honesty, professional conduct, compassion and confidentially in the delivery of patient care, including obtaining informed consent/assent, and declaring conflict of interest. • Demonstrate respect for patients and colleagues as individuals, by showing sensitivity to their age, culture, disabilities, ethnicity, gender, socioeconomic background, religious beliefs, political affiliations, and sexual orientation. • Demonstrate appreciation of end-of-life care and issues regarding provision or

	withholding of care. • Acknowledge responsibility for his or her decisions and demonstrate commitment to the review and remediation of his or her professional conduct. • Promote the highest standards of medical healthcare to the public and participate in the review of the professional conduct of his or her colleagues. **Attitudes:** Fellows will: • Maintain an attitude of inquiry and scholarship, recognizing the need for lifelong learning. • Maintain openness and flexibility in treatment approaches with patients, assimilating new knowledge in patient care practices. **Demonstrated by:** Self-directed inquiry guiding clinical care of patients; formal presentations which include literature review, and teaching others.
Systems-Based Practice	**Goal:** Fellows must demonstrate the knowledge, skills, and attitudes necessary to manage effectively in multiple, diverse, complex systems of care to provide effective treatment, consultation and referrals for patients. **Knowledge** Fellows will demonstrate knowledge of: • Ability to identify the unique/specific characteristics of medical setting for this rotation. • Basic concepts of systems theory, how the role of the Gastroenterology Fellow on the Inpatient Consult Service relates to the Hospital as a whole, being a small unit of a much larger system, where all entities work together. • How fellows and residents' patient care practices and related actions impact component units of health care delivery. • Maintain a system for examining errors. **Skills**: Fellows will be able to: • Advocate for patients within a variety of systems. • Navigate the maze of insurance and managed care companies to meet patient needs. • Strive to practice cost-effective health care and resource allocation that does not compromise the quality of care. • Maintain a system for examining errors in practice and initiating improvements to eliminate or reduce errors. **Attitudes:** Fellows will: • Maintain an attitude of interdisciplinary collaboration, advocacy and cooperation.

	• Maintain flexibility in adapting to the needs and expectations of different settings and systems. • Maintain the patient's best interest as the top priority. **Demonstrated by:** Care of patients; interactions with other agencies involved in the care of patients; consultation with other professionals; participation in Quality Assurance, Utilization Review and Performance Improvement Committees; self-directed independent learning; and teaching others.

Third Year Fellow:
Goal: The senior-level, Year III fellow should demonstrate rapid assessment and planning skills and near-attending level care planning and management, while teaching medical students and other trainees at near to or exceeding attending level teaching. Year III fellows should be able to perform diagnostic and therapeutic upper endoscopy and colonoscopy procedures independently with direct supervision available.

	Third Year Fellow
Patient Care	**Goal:** Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of gastrointestinal problems. **Patient Care Objectives:** • Master the Year II fellow objectives. • Demonstrate efficient organization of the Outpatient Service and a working knowledge of all patients. • Demonstrate near-attending level capacity for program assessment and care planning. • Provide outpatient care that is safe and compassionate with the leadership ability to thoroughly and clearly educate the patient and all other trainees regarding relevant areas of disease prevention, detection, progression and therapy to promote gastrointestinal health. **Knowledge:** Fellows will demonstrate knowledge of: • Available treatment methods for the major clinical gastrointestinal disorders and the evidence which supports their use. • Preventive interventions used in gastroenterology. **Skills:** Fellows will demonstrate the ability: To perform and document a comprehensive history and examination to include as appropriate: • chief complaint • history of present illness • developmental history • past medical history • family history

	• social history • mental history Fellows will have formal instruction and clinical experience and will demonstrate competence in: • Treating complexes gastrointestinal disorders • Create differential diagnoses of other structural abnormalities involved in the esophagus, stomach, or duodenum. • Evaluate, assess, and recommend cost-effective management of patients. • Provide primary prevention, and screening for colorectal cancer • Practice the recommended guidelines for other screening gastrointestinal neoplasia • Inform the patients about the management of psychosocial mind-gut interactions. • Recognize the impact of disease and therapeutic options on the patient's overall well-being and family. • Learn to provide outpatient care that is safe and compassionate and to develop the ability to thoroughly and clearly educate the patient in the relevant areas of disease prevention, detection, progression and therapy to promote health. With the attending consultation and assistance, fellows will be able to recognize and treat gastrointestinal disorders including: • dysphagia • abdominal pain • nausea/vomiting • diarrhea • constipation • depression • esophagus • acid-peptic • motor-disorder • irritable bowel • malabsorption • Inflammatory bowel disease • immune basis of GI diseases Fellows will be able to perform an accurate physical examination and present information concisely with an initial assessment plan. When indicated, consent patients for procedures and order appropriate diagnostic tests (e.g., endoscopy, radiologic tests, etc.). Attain trainer level proficiency in the following procedures pertinent to his/her career choices: • Colonoscopy o By completion of Year III, master all Year II colonoscopic skill requirements. Additionally, be able to independently

	intubate the terminal ileum and begin to develop independent mastery of more advanced maneuvers, e.g., removal of large or complex polyps by saline assisted polypectomy or piecemeal resection and control of bleeding using clips or argon plasma laser coagulation. Assist in stent placement. • Upper Endoscopy o By completion of Year III, master all Year II endoscopic skill requirements. Additionally, be able to pass a side viewing scope to identify the papilla or lesions difficult to observe with forward viewing scope and perform advanced maneuvers, such as placing clips on bleeding vessels or argon plasma laser coagulopathy. Assist in stent placing and small bowel enteroscopy **Attitudes** Fellows will: • Be strong advocates for the patient's best interest. • Strive to provide quality care within available resources. • Be sensitive to patient's cultural differences. • Be sensitive to confidentiality and consent issues. **Demonstrated by:** Clinical care of patients; focused case discussions with faculty; presentations at conferences; self-initiated independent learning; direct observation by faculty during clinics and on clinic rotations; case conferences; chart review with supervisors
Medical Knowledge	**Goal:** Fellows must demonstrate basic and advanced knowledge about established and evolving medicine that would be critical to the practice of gastroenterology. **Knowledge:** A basic and advance knowledge in general GI and specific topics will include: • dysphagia • abd pain • nausea/vomiting • diarrhea • constipation • depression • esophagus • acid-peptic • motor-disorders/motility • irritable bowel syndrome • malabsorption • inflammatory bowel disease • immune basis of GI diseases • With emphasis on the following:

	• the epidemiology of the disorder • the etiology of the disorder, including contributing medical, genetic, and social • factors • pathophysiology of the disorder • diagnostic criteria • appropriate evaluation • interpretation of histology • course and prognosis • effective treatment strategies • theoretical basis for clinical intervention **Skills:** Fellows will demonstrate the ability to: • Perform a complete history and physical exam. • Understand the indications for and appropriate preparation for conscious sedation. • Perform and interpret endoscopy. • Perform and interpret GI motility exams. • Interpret specialized GI tests, histology and radiology. • Accumulate and begin to solve the issues that he/she encounters from other trainees, attending and related medical professionals. • Teach medical students the basics of gastroenterology and hepatology care. **Attitudes:** Fellows must maintain and apply an investigatory and analytic thinking approach to clinical situations. **Demonstrated by:** Clinical care of patients; discussions with attending; formal presentations at conferences; self-initiated independent thinking **OTHER ACTIVITES DURING THE OUTPATIENT ROTATION:** • Attend core conferences and teaching rounds to learn the pathophysiology, epidemiology, disease management and procedure and medicine management skills for common and uncommon inpatient gastrointestinal diseases • Organize GI conferences on a rotational basis. • Present GI topic on a rotational basis, with handout and review of literature. • Participate in monthly Journal Club. • Participate in lectures in gastroenterology. • Read textbook and pertinent literature materials concerning problems encountered. • Teach medical students and other trainees about gastrointestinal diseases and patient management.
Practice-Based Learning and Improvement	**Goal:** Fellows must demonstrate the knowledge, skills, and attitudes necessary to initiate self-directed and independent learning. Fellows must keep abreast of current information and practices relevant to gastroenterology.

	Knowledge: Fellows will demonstrate knowledge of: • Research methodology, including critical assessment of professional journal articles. • Principles of evidenced-based medicine. • Awareness of available information technologies and the ability to access them. **Skills**: Fellows will be able to: Demonstrate the ability to obtain, interpret, and evaluate up-to-date information from the scientific and practice literature to assist in the quality care of patients. This shall include, but not be limited to: • Use of medical libraries • Use of information technology, including Internet-based searches and literature databases (e.g., Medline) • Use of drug information databases. • Active participation, as appropriate, in educational courses, conferences, and other organized educational activities both at the local and national levels. • Conducting and presenting reviews of current research in such formats as journal clubs, grand rounds, and/or original publications • Assess the generalizability or applicability of research findings to patients in relation to their sociodemographic and clinical characteristics. The physician shall demonstrate an ability to critically evaluate the relevant medical literature. Evaluate caseload and practice experience in a systematic manner. This may include: • Case-based learning • The review of patient records and outcomes • Obtaining appropriate supervision and consultation **Attitudes:** Fellows will: • Maintain an attitude of inquiry and scholarship, recognizing the need for lifelong learning. • Maintain openness and flexibility in treatment approaches with patients, assimilating new knowledge in patient care practices. **Demonstrated by:** Self-directed inquiry guiding clinical care of patients; formal presentations which include literature review, and teaching others; case based focused discussion with attending.
Interpersonal and Communication Skills	**Goal:** Fellows must demonstrate the knowledge, skills, and attitudes necessary to develop and maintain appropriate interpersonal relationships and to communicate effectively with patients, families, colleagues and the public. **Knowledge**: Fellows will demonstrate knowledge of:

	• Interviewing techniques. • Communication techniques. **Skills**: Fellows will be able to: Demonstrate the ability to obtain, interpret, and evaluate consultations from other medical specialties. This shall include: • Knowing when to solicit consultation and having sensitivity to assess need for consultation • Discussing consultation findings with patients and their families • Evaluating the consultation findings • Recognize the impact of disease and treatment on patient and family Serve as an effective consultant to other medical specialists and community agencies. This shall include: • Communicating effectively with the requesting party to refine the consultation question • Maintain the role of consultant • Communicate clear and specific recommendations • Respect the knowledge and expertise of the requesting party Demonstrate the ability to communicate effectively with patients and their families by: • Gearing all communication to the educational/intellectual levels of patients and their families • Providing explanations of gastrointestinal disorders and treatment (both verbally and in written form) that are jargon-free and geared to the educational/intellectual level of patients and their families • Providing preventive education that is understandable and practical as applicable • Respecting the patients' cultural, ethnic, and economic backgrounds • Developing and enhancing rapport and a working alliance with patients and families • Maintain medical records and written prescriptions that are legible and up-to-date. These records must capture essential information while simultaneously respecting patient privacy and be useful to health professionals outside gastroenterology. • Recognize the need for and effectively use interpreters when necessary. **Attitudes:** Fellows will: • Maintain an attitude of respect for others, even those with differing points of view. • Exhibit culturally sensitive, professional, ethically sound behavior in all patient and professional interactions. • Maintain an attitude of interdisciplinary collaboration. • Maintain a polite and courteous attitude at all times. **Demonstrated by:** Chart documentation; direct observation; teaching others; professional relationships;

	formal presentations; independent learning; seeking feedback on communication and performance
Professionalism	**Goal:** Fellows must demonstrate the knowledge, skills, and attitudes necessary to practice professionally responsible, ethical and compassionate care in gastroenterology. **Knowledge**: Fellows will demonstrate knowledge of: • The impact of gender, culture, religion, socioeconomic factors, and family structures and systems on issues pertaining to gastroenterology. • The different roles a gastroenterologist might fulfill in different settings. • Legal issues relevant to gastroenterology. • Ethical issues in gastroenterology, including appropriate uses of percutaneous endoscopic gastrostomy (PEG). • Ethical issues important in the conducting of research with humans and the role of the Committee for the Protection of Human Subjects. **Skills**: • Fellows will be able to: • Respond to communications from patients and health professionals in a timely manner. If unavailable, the physician shall establish and communicate back-up arrangements. • Use medical records for appropriate documentation of the course of illness and its treatment. • Provide continuity of care including appropriate consultation, transfer, or termination of patients. • Demonstrate ethical behavior, integrity, honesty, professional conduct, compassion and confidentially in the delivery of patient care, including obtaining informed consent/assent, and declaring conflict of interest. • Demonstrate respect for patients and colleagues as individuals, by showing sensitivity to their age, culture, disabilities, ethnicity, gender, socioeconomic background, religious beliefs, political affiliations, and sexual orientation. • Demonstrate appreciation of end-of-life care and issues regarding provision or withholding of care. • Acknowledge responsibility for his or her decisions and demonstrate commitment to the review and remediation of his or her professional conduct. • Promote the highest standards of medical healthcare to the public and participate in the review of the professional conduct of his or her colleagues. **Attitudes:** Fellows will: • Maintain an attitude of inquiry and scholarship, recognizing the need for lifelong learning. • Maintain openness and flexibility in treatment approaches with patients, assimilating new knowledge in patient care practices. **Demonstrated by:** Self-directed inquiry guiding clinical care of patients; formal presentations which

	include literature review, and teaching others.
Systems-Based Practice	**Goal:** Fellows must demonstrate the knowledge, skills, and attitudes necessary to manage effectively in multiple, diverse, complex systems of care to provide effective treatment, consultation and referrals for patients. **Knowledge** Fellows will demonstrate knowledge of: • Ability to identify the unique/specific characteristics of medical setting for this rotation. • Basic concepts of systems theory, how the role of the Gastroenterology Fellow in the Clinic relates to the Hospital as a whole, being a small unit of a much larger system, where all entities work together. • How fellows and residents' patient care practices and related actions impact component units of health care delivery. • Maintain a system for examining errors. **Skills**: Fellows will be able to: • Advocate for patients within a variety of systems. • Navigate the maze of insurance and managed care companies to meet patient needs. • Strive to practice cost-effective health care and resource allocation that does not compromise the quality of care. • Maintain a system for examining errors in practice and initiating improvements to eliminate or reduce errors. **Attitudes:** Fellows will: • Maintain an attitude of interdisciplinary collaboration, advocacy and cooperation. • Maintain flexibility in adapting to the needs and expectations of different settings and systems. • Maintain the patient's best interest as the top priority. **Demonstrated by:** Care of patients; interactions with other agencies involved in the care of patients; consultation with other professionals; participation in Quality Assurance, Utilization Review and Performance Improvement Committees; self-directed independent learning; and teaching others.

Teaching Methods:
Gastroenterology fellows participate in the Outpatient Rotation during all three fellowship years. Teaching of medical students, residents and other trainees as well as appropriate interactions with other healthcare providers are important aspects of this rotation. Participating in all required conferences is mandatory. As fellows gain experience throughout their training, skills of organization and efficiency as well as team leadership become

increasingly important. The Outpatient Rotation experience will prepare the fellow to evaluate and manage subacute and chronic gastrointestinal illnesses that will be encountered in the fellow's future practice. This rotation will expose the fellow to wide variety of gastrointestinal problems. Fellows assigned to this Rotation will evaluate all new outpatient consults at the University of Toledo (UTMC) under the supervision of their attending in addition to the patients they see at their continuity clinic one-half day per week. Fellows will evaluate each patient and will make initial recommendations regarding diagnostic tests and treatments. They will make arrangements for studies such as endoscopy, motility tests, biopsies, etc. They will review the appropriateness of the procedure with the attending before making final scheduling plans.

Progressive Fellow Responsibility: Attending Staff supervise participants in professional graduate medical education programs in their patient care responsibilities in a manner commensurate with the Fellow's level of training and experience. The Program Director is responsible for ensuring that the degree of professional responsibility accorded to each Fellow is progressively increased through the course of training, commensurate with his or her skill, training and experience. Fellow graded responsibilities for each level of training are described in the individual goals and objectives for each clinical rotation. The attending physician is also responsible for determining in an individual case the degree of resident independent functioning.

Disease Mix:
Fellows see a complete mix of gastrointestinal diseases and conditions at the Outpatient Rotation.
UTMC has a substantial primary care basis, which provides the entire spectrum of internal medicine diagnoses and gastrointestinal care. Diagnoses range from pancreatitis, inflammatory bowel disease, and functional GI motility and pain disorders to primary and secondary gastrointestinal malignancies, and there is an appropriate concentration of common gastrointestinal diseases such as peptic ulcer disease, gastroesophageal reflux disease and gastrointestinal infections.

Patient Characteristics:
UTMC offers a diverse mix of socioeconomic and gender status. Teaching faculty provides an abundant supply of upper- and middle-class patients, and our contracts with medical assistance and pro bono care efforts ensure access to lower-income patients. Due to a primary care base simultaneous with the hospitals' constantly active, patients are seen in both acute status and in diagnostic dilemma status, with both common and uncommon disorders.

Types of Clinical Encounters – Attending Supervision:
Encounters are outpatient in nature during the GI Outpatient and Endoscopy Rotation. Fellows provide care under the supervision of an attending within duty hour limits and with faculty back up for situations of overload. Daily and direct attending supervision is available at UTMC in all outpatient and endoscopy settings. The attending has ultimate responsibility for patients.

Supervising attending physicians have the responsibility to enhance the knowledge of the Fellow and to ensure the quality of care delivered to each patient by any Fellow. This responsibility is exercised by observation, consultation and direction. It includes the imparting of the practitioner's knowledge, skills and attitudes by the practitioner to the Fellow and assuring that the care is delivered in an appropriate, timely and effective manner. Fulfillment of such responsibility requires personal involvement with each patient and each Fellow who is providing care as part of the training experience. Supervising attending physicians should act professionally and as a role model for trainees.

Supervisors will direct the care of the patient and provide the appropriate level of supervision based on the complexity of care, and the experience, judgment and level of training of the Fellow being supervised.

Procedures:

During the GI Outpatient Rotation, Non-emergent procedures are performed during daytime hours in the GI endoscopy unit by the fellow under the direct supervision of the attending. Procedure based evaluation is performed by a supervising attending.

Evaluation:
Fellows are evaluated during all GI Outpatient Rotations and are expected to participate in the evaluation of other fellows as well. This occurs in the following forms:

- Detailed, automated evaluations using the New Innovation System are submitted for the rotation. These evaluations are reflective of the program's curriculum requirements. Attending evaluate fellows, and the fellows evaluate the attending as well.
- Evaluations include:
  360-degree (attending, nurse, nurse practitioner, staff/clerical, etc.);
  Direct observation
  Peer-reviewed
  Patient

Evaluation summaries become part of the fellows' and attendings' promotional documents.

- The fellow evaluates the Gastroenterology Fellowship Program annually through a confidential basis.
- Attending evaluate the Gastroenterology Fellowship Program annually.
- A Curriculum Committee oversees major changes to the curriculum. Representative program personnel (i.e., program director, representative faculty and at least one fellow) must be organized to review program goals and objectives and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty and the residents' confidential written evaluations. If deficiencies are found, the group will prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.
- The Program Director meets with all fellows individually twice per year.
- An in-service GTE exam is given to all fellows annually.

Bibliography:

- Resource Documents
  - *Up-To-Date*
  - *PubMed*
  - *Textbook of Gastroenterology* – Yamada, et.al.
  - *Gastrointestinal Disease: Pathophysiology Diagnosis Management* – Sleisenger & Fordtran.
  - Major Gastroenterology journals online and in the program's fellow library including *Gastroenterology*, *American Journal of Gastroenterology*, *Gut*, and other major publications.

- Curricular Design
- ACGME Outcome Project documentation (from www.acgme.org).
- Graduate Education in Internal Medicine: A Resource Guide to Curriculum Development
- The report of the Federated Council for Internal Medicine Task Force on the Internal Medicine Residency Curriculum

- Pertinent Teaching References:
- *Textbook of Gastroenterology* – Yamada, et.al.
- *Gastrointestinal Disease: Pathophysiology Diagnosis Management* – Sleisenger & Fordtran.