

**Clinic Name: Gastroenterology Clinic**

**Clinic Education Site Leader: Rishi Naik, MD, MSCI**

**Updated by: Rishi Naik and Tom Strobel**

**Date: March 8, 2022**

**Goal:**

The purpose of this educational clinic block is to allow the house officer to participate in the care of patients in the outpatient Gastroenterology, Hepatology, and Nutrition clinic alongside gastroenterologists and hepatologists. The resident will gain experience in developing an approach and determining the appropriate management for common outpatient GI complaints and conditions. Additionally, the resident will learn common indications and considerations for GI procedures in the outpatient setting.

**Objectives:**

By the end of this educational block, learners in this rotation will be able to:

1) Patient Care

- a. Obtain, document, and present an age-appropriate focused medical history
- b. Perform a clinically appropriate focused physical exam to establish the diagnosis and severity of disease
- c. Generate a focused and prioritized differential diagnosis based on a chief concern
- d. Select appropriate laboratory studies, imaging, and procedures based on the prioritized differential diagnosis
- e. Recommend appropriate treatment strategies

2) Medical Knowledge

- a. Recognize, diagnose, triage, and manage common outpatient GI conditions including the following:
  - i. Achalasia
  - ii. Barrett's Esophagus
  - iii. Eosinophilic Esophagitis
  - iv. Gastroesophageal Reflux Disease
  - v. Gastroparesis
  - vi. Celiac Disease
  - vii. Chronic diarrhea
  - viii. Constipation
  - ix. Diverticulitis
  - x. Inflammatory Bowel Disease
  - xi. Irritable Bowel Syndrome
  - xii. Iron Deficiency Anemia
  - xiii. Cirrhosis
  - xiv. Non-Alcoholic Fatty Liver Disease
  - xv. Viral Hepatitis
  - xvi. Pancreatitis
  - xvii. Pancreatic Cyst
  - xviii. Small Intestinal Bacterial Overgrowth
  - xix. Colorectal Cancer and Cancer Screening
  - xx. Abnormal Liver Function Chemistries
  - xxi. Malnutrition
  - xxii. Indications for feeding tubes and total parenteral nutrition

- xxiii. H. Pylori management
- xxiv. Genetic polyposis syndrome

3) Interpersonal and Communication Skills

- a. Communicate the assessment and plan with care and compassion and recognize the impact their condition has on the patient’s quality of life
- b. Convey a logical, coherent, and comprehensive assessment and plan to the attending physician
- c. Identify how social determinants of health affect the current and future management of the patient’s condition
- d. Consistently establish rapport with patients and their families
- e. Demonstrate effective shared decision-making skills
- f. Utilize motivational interviewing when recommending the plan
- g. Effectively record the encounter in the medical record so referring providers may understand the clinical reasoning

4) Professionalism

- a. Work as an effective team member with staff, nurses, fellows, and attendings
- b. Complete documentation timely and accurately

5) Systems based practice

- a. Recognize and anticipate when the expertise of other staff or consultants is warranted
- b. Utilize the interprofessional team to provide effective and efficient medical care
- c. Effectively coordinate and communicate a clinical question or concern to other medical professionals
- d. Access and utilize important information systems and resources related to gastrointestinal diseases

6) Practice-based learning and improvement

- a. Provide value-based and evidence-based considerations while selecting diagnostic and therapeutic interventions
- b. Seek feedback from attending physicians and colleagues
- c. Continually identify opportunities for improvement

**Educational Strategies:**

Educational Strategy	Skills (taught and/or assessed)
Outpatient Clinic Encounter	Generating a differential diagnosis for a GI illness based on chief concern and clinical findings Performing a focused exam Clinical Reasoning Recommending appropriate diagnostic workup Recommending appropriate treatment strategies Presentation skills
Endoscopy cases	Reviewing the patient’s indication for endoscopy to plan the procedure Perform an effective digital rectal exam Identify pathologic lesions or concerning endoscopic findings Understand risks of sedation and complication risks of procedure
Attending eliciting learning goals at the start of each clinic session	Residents drive self-learning by identifying one learning goal for each clinic session

Attending review of documentation when attesting	Complete documentation in a timely and efficient manner Clinical reasoning and plan clearly communicated in note
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### **Required Reading:**

#### **Screening for Colorectal Cancer, US Preventive Services Task Force Recommendation Statement**

JAMA, May 18, 2021; 325(19) pp. 1965-77

#### **Gupta, et al.; Recommendations for Follow-Up After Colonoscopy and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer**

Gastroenterology Vol. 158, No. 4; (March 2020) pp 1131-53

#### **Chang JT. Pathophysiology of Inflammatory Bowel Diseases**

NEJM Vol 383, No. 27 (Dec 2020) pp 2652-64

#### **Naik, RD et al. Consequences of bariatric surgery on oesophageal function in health and disease**

Nat Rev Gastroenterol Hepatol. 2016 Feb;13(2):111-9.

#### **Panaccione R et al.; Combination Therapy with Infliximab and Azathioprine Is Superior to Monotherapy with Either Agent in Ulcerative Colitis**

Gastroenterology Vol. 146, No. 2 (Feb 2014) pp 392-400

#### **Patel et al. Esophageal Motility Disorders: Current Approach to Diagnostics and Therapeutics.**

Gastroenterology. (Feb 2022).

#### **Strate LL et al. Use of Aspirin or Nonsteroidal Anti-inflammatory Drugs Increases Risk for Diverticulitis and Diverticular Bleeding**

Gastroenterology Vol. 140, No. 5 (May 2011) pp 1427-33

#### **Vaezi et al. Esophageal Motility Disorders and Gastroesophageal Reflux Disease**

N Engl J Med. 2020 Nov 12;383(20):1961-1972.

#### **Werner YB et al.; Endoscopic or Surgical Myotomy in Patients with Idiopathic Achalasia**

NEJM Vol 381, No. 23 (Dec 2019) pp 2219-29

### **Suggested Reading and/or Resources:**

- ASGE Clinical Guidelines

<https://www.asge.org/home/resources/key-resources/guidelines>

- AGA Clinical Guidelines

<https://gastro.org/guidelines/>

- ACG Clinical Guidelines

<https://gi.org/guidelines/>

- AASLD Guidelines Collection

<https://www.aasld.org/publications/practice-guidelines>

- NEJM Resident 360 Gastroenterology Rotation Prep

<https://resident360.nejm.org/rotation-prep/gastroenterology/introduction>

- The Commodore Compendium – Gastroenterology and Hepatology sections

<https://medsites.vumc.org/commodorecompendium/introduction>

## **Evaluation:**

### **Background**

- In the recent past, there has been no structured way for faculty to provide feedback on their observations or assessments of residents on the clinic block.
- Residents spend a third of their training time in the outpatient clinic setting.
- Collecting faculty observations and assessments in this setting is important for residents to get the feedback and coaching they need to continue to grow and improve their clinical skills.
- The goal for all our residents is excellence in clinical skills

### **Ask for faculty**

- Offer to do direct observation of skills with a learner in clinic (consider history, physical exam, clinical reasoning skills in the clinic setting, especially those specific to your specialty)
- Ask the resident to send you a direct observation new innovations form that takes 2-3 minutes to complete
- Use the new innovations app on your phone to send an “on demand direct observation” assessment for any resident any time.

### **Ask for residents** (currently this is for all interns, soon this will expand to all residents)

- When on clinic block, ask one faculty member a week to complete a direct observation assessment on a clinical skill that they observed you do in their clinic
- You can send them an email with the direct observation from new innovations, or you can show them how to use the new innovations app on their phone.

### **Two “How To” videos- for faculty and residents:**

This video demonstrates how residents can request an on-demand evaluation be sent to a faculty member. It also describes who to sue this tool to assist in making this a coaching moment. (5 min video)

- <https://vumc.box.com/s/svwwn5rtnlxhtgvneo858eg6kswjw6i0>

This video demonstrates how faculty can download the new innovations app on their phone. It also demonstrates how to complete and send in the on demand evaluation on their phone (3 min video).

- [https://zoom.us/rec/share/Xa8oi6uSywhNAEnosCHmjcJ-X77nCHBmkyAJM7whH3O9sdIjMZAK4WMXiUI4zX20.7CDOOcT8FLoi\\_unD](https://zoom.us/rec/share/Xa8oi6uSywhNAEnosCHmjcJ-X77nCHBmkyAJM7whH3O9sdIjMZAK4WMXiUI4zX20.7CDOOcT8FLoi_unD)
- **Passcode:** b@?=4dU2 (copy and paste this code in the zoom bar when the web page brings it up!)



**New Direct Observation Form – Entrustment Scale - THIS IS THE FORM THAT IS ON THE APP  
Internal Medicine Clinic**

**Date:** \_\_\_\_\_  
**Resident Name:** \_\_\_\_\_  
**Faculty Observer name:** \_\_\_\_\_  
**What specific skill did you decide to observe?** \_\_\_\_\_

1. What is the resident’s learning objective?
2. What did you observe the resident do well?

**Skills to consider observing:**  
 Information gather- Obtaining accurate and complete hx  
 Specific physical exam skill  
 Information transfer- patient education  
 Motivational interviewing (wt mgt, tob cessation)  
 Counseling  
 Breaking bad news  
 Goals of care/ Family meeting  
 Clinical reasoning

3. What deficiencies and/or errors did the resident commit?  
 What should they do differently? **How** should they do it differently?

3. Based on this single observation, how would you approach your supervision of this learner in this skill the next time?

1	2	3	4	5
Learner can be present but only as observer  (i.e. The learner cannot perform this skill. Learner can be present, but only as observer)	Learner can practice skill with direct supervision (supervisor in room)  (i.e. I need to watch the learner perform the skill in real time)	Learner can practice skill with indirect supervision (supervision available within minutes)  (i.e. I don't need to watch the learner in the room, but I am going to reassess the patient/confirm findings with the patient)	Unsupervised practice allowed (the learner is ready to practice independently for this skill)  (i.e. I don't need to watch the learner but I am available if the learner comes for help or to provide feedback)	Learner has mastered this skill, is an exemplar for other, and is ready to teach others this skill  (i.e. learner is a role model for other, demonstrates best practice, able to teach)

4. What plans for change did you and the resident make going forward?