

**LAC+USC Medical Center**  
**Gastroenterology Consult Orientation**  
2019-2020

**Faculty in Charge of Rotation:**

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**First Day of Rotation:**

Report to D&T Building, Room B4A-102

Please make sure to watch the Orientation Video prior to starting this rotation. Videos can be accessed through MyEvaluations or on the Chief's website ([uscmedicine.blog](http://uscmedicine.blog) / Resources / Rotation Orientation & Objectives / GI Consult).

**GOALS**

The purpose of the rotation on the GI consult service is to gain experience in the management of patients with gastrointestinal-related illnesses. Additionally, residents should be able to develop a focused differential diagnosis for the patient presenting with GI related diseases, initiate a focused laboratory and diagnostic evaluation of patients with GI-related illnesses, and participate in the care of patients with acute and chronic GI diseases. The resident will also learn the uses, limitations, and risks of various endoscopic techniques.

In addition to fostering competence in the areas of patient care and medical knowledge, the service provides critical experience in collaborating with other members of the healthcare team, including care coordinators, social workers, and pharmacists, as well as students and fellow residents, which builds skill in interpersonal communication and professionalism. Exposure to the intricacies of daily hospital care, including discharge planning and triage to higher or lower levels of care, builds competency in systems-based practice, provides opportunities to learn from mistakes, and builds patterns of practice-based learning.

## MILESTONES

<b>USC/LAC+USC Internal Medicine Residency Gastroenterology Consult Rotation</b>			
OVERALL COMPETENCY PROGRESSION BY CORE COMPETENCY AND PGY LEVEL (Adapted from ABIM Developmental Milestones)			
<b>CORE COMPETENCY: PATIENT CARE</b>			
<b>PGY LEVEL</b>		<b>GOAL – Gathers and synthesizes essential and accurate information to define each patient’s clinical problem</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Acquires accurate histories from patient in an efficient prioritized, and hypothesis driven fashion</li> <li>b. Seeks and obtains data from secondary sources when needed</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient</li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Role model gathering subtle and reliable information from the patient for junior members of the healthcare team when applicable.</li> </ul>
<b>PGY LEVEL</b>		<b>GOAL – Develops and achieves comprehensive management plan for each patient</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Consistently develops appropriate care plan</li> <li>b. Recognizes situations requiring urgent or emergent care</li> <li>c. Seeks additional guidance and/or consultation as appropriate</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Appropriately modifies care plans based on patient’s clinical course, additional data and patient preferences</li> <li>b. Recognizes disease presentations that deviate from common patterns and require complex decision making</li> <li>c. Manages complex acute and chronic diseases</li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Role models and teaches complex and patient centered care</li> <li>b. Develops customized prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles.</li> </ul>
<b>PGY LEVEL</b>		<b>GOAL – Manages patients with progressive responsibility and independence</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Requires direct supervision to ensure patient safety and quality care</li> <li>b. Seeks additional guidance and/or consultation as appropriate</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Requires indirect supervision to ensure patient safety and quality care</li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Independently manages patients across clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndrome</li> </ul>
<b>PGY LEVEL</b>		<b>GOAL – Skill in performing procedures</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Awareness of indications, contraindications, risks and benefits of common invasive procedures</li> </ul>
	2	3	<ul style="list-style-type: none"> <li>b. Appropriately perform invasive procedures and provide post-procedure management for common procedures when applicable.</li> </ul>
<b>PGY LEVEL</b>		<b>GOAL – Requests and provides consultative care</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Provides consultative services for patients with clinical problems requiring basic risk assessment</li> <li>b. Asks meaningful clinical questions that guide the input of consultants</li> </ul>
	2	3	<ul style="list-style-type: none"> <li>a. Provides consultative services for patients with basic and complex clinical problems requiring detailed risk assessment</li> <li>b. Appropriately weighs recommendations from consultants in order to effectively manage patient care</li> </ul>
<b>Evaluation Methods</b>			

Faculty evaluation, Direct observation			
<b>CORE COMPETENCY: MEDICAL KNOWLEDGE</b>			
<b>PGY LEVEL</b>		<b>GOAL – Clinical Knowledge</b>	
		<b>OBJECTIVES</b>	
1			a. Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care
	2	3	a. Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
<b>PGY LEVEL</b>		<b>GOAL – Knowledge of diagnostic testing and procedures.</b>	
		<b>OBJECTIVES</b>	
1			a. Consistently interprets basic diagnostic tests accurately b. Needs assistance to understand the concepts of pre-test probability and test performance characteristics
	2		a. Interprets complex diagnostic tests accurately b. Understands the concepts of pre-test and test performance characteristics
		3	b. Interprets complex diagnostic tests accurately c. Understands the concepts of pre-test and test performance characteristics d. Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures
<b>Evaluation Methods</b>			
Faculty evaluation, Direct observation, Conference Attendance			
<b>CORE COMPETENCY: SYSTEMS BASED PRACTICE</b>			
<b>PGY LEVEL</b>		<b>GOAL – Works effectively within an interprofessional team</b>	
		<b>OBJECTIVES</b>	
1			a. Identifies roles of other team members but does not recognize how/when to utilize them as resources b. Frequently requires reminders from team to complete physician responsibilities.
	2		a. Understands the roles and responsibilities of all team members but uses them ineffectively b. Participates in team discussions when required but does not actively seek input from other team members
		3	a. Understands the roles and responsibilities of and effectively partners with, all members of the team. b. Actively engages in team meetings and collaborative decision making
<b>PGY LEVEL</b>		<b>GOAL – Recognizes system error and advocates for system improvement</b>	
		<b>OBJECTIVES</b>	
1			a. Does not recognize the potential for system error
	2		a. Recognizes the potential for error within the system b. Identifies obvious or critical causes of error and notifies supervisor accordingly c. Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk d. Willing to receive feedback about decisions that may lead to error or otherwise cause harm
		3	a. Identifies systemic causes of medical error and navigates them to provide safe patient care b. Advocates for safe patient care and optimal patient care systems c. Activates formal system resources to investigate and mitigate real or potential medical error d. Reflects upon and learns from own critical incidents that may lead to medical error
<b>PGY LEVEL</b>		<b>GOAL – Identifies forces that impact that cost of health care, and advocates for, and practices cost-effective care</b>	
		<b>OBJECTIVES</b>	
1			a. Does not consider limited health care resources when ordering diagnostic or therapeutic interventions

	2		<ul style="list-style-type: none"> <li>a. Recognizes that external factors influence a patient’s utilization of health care and may act as barriers to cost effective care</li> <li>b. Minimizes unnecessary diagnostic and therapeutic tests</li> <li>c. Possesses an <u>incomplete understanding of cost awareness principles for a population of patients</u></li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Consistently works to address patient specific barriers to cost effective care</li> <li>b. Advocates for cost conscious utilization of resources</li> <li>c. Incorporates cost awareness principles into standard clinical judgments and decision making including screening tests</li> </ul>
<b>PGY LEVEL</b>		<b>GOAL – Transitions patients effectively within and across health delivery systems</b>	
		<b>OBJECTIVES</b>	
1			a. Written and verbal care plans during times of transition are incomplete or absent
	2		<ul style="list-style-type: none"> <li>b. Communication with future caregivers is present but with lapses in pertinent or timely information</li> <li>c. Recognizes the importance of communication during times of transition</li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems</li> <li>b. Proactively communicates with past and future care givers to ensure continuity of care.</li> </ul>
<b>Evaluation Methods</b>			
Faculty Evaluation			
<b>CORE COMPETENCY: PRACTICE BASED LEARNING AND IMPROVEMENT</b>			
<b>PGY LEVEL</b>		<b>GOAL – Monitors practice with a goal for improvement</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Unable to self-reflect upon one’s practice or performance</li> <li>b. Misses opportunities for learning and self-improvement</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Inconsistently acts upon opportunities for learning and self-improvement</li> <li>b. Inconsistently self reflects upon one’s practice or performance and inconsistently acts upon those reflections</li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Regularly self reflects upon one’s practice or performance and consistently acts upon those reflections to improve practice</li> <li>b. Recognizes sub-optimal practices or performance as an opportunity for learning and self-improvement</li> </ul>
<b>PGY LEVEL</b>		<b>GOAL – Learns and improves via feedback</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Rarely seeks feedback</li> <li>b. Responds to unsolicited feedback in a defensive fashion</li> <li>c. Temporarily or superficially adjusts performance based on feedback</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Solicits feedback only from supervisors</li> <li>b. Is open to unsolicited feedback</li> <li>c. Inconsistently incorporates feedback</li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Solicits feedback from all members of team and patients</li> <li>b. Consistently incorporates feedback</li> <li>c. Welcomes unsolicited feedback</li> </ul>
<b>PGY LEVEL</b>		<b>GOAL – Learns and improves at the point of care</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Has limited awareness of or ability to use information technology</li> <li>b. Rarely “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> <li>c. Can translate medical information needs into well-formed clinical questions with assistance</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Inconsistently “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> <li>b. Can translate medical information needs into well-formed clinical questions independently</li> </ul>

		3	<ul style="list-style-type: none"> <li>a. Routinely “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> <li>b. Routinely translates new medical information needs into well-formed clinical questions.</li> </ul>
<b>Evaluation Methods</b>			
Faculty Evaluation, Direct Observation			
<b>CORE COMPETENCY: PROFESSIONALISM</b>			
<b>PGY LEVEL</b>		<b>GOAL – Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Inconsistently demonstrates empathy, compassion and respect for patients and caregivers</li> <li>b. Inconsistently considers patient privacy and autonomy</li> <li>c. Inconsistently demonstrates responsiveness to patients’ and caregivers’ needs in an appropriate fashion</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations</li> <li>b. Emphasizes patient privacy and autonomy in all interactions</li> <li>c. Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Demonstrates empathy, compassion and respect to patients and caregivers in all situations</li> <li>b. Demonstrates a responsiveness to patient that supersedes self-interest</li> <li>c. Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers</li> <li>d. Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate.</li> </ul>
<b>PGY LEVEL</b>		<b>GOAL – Accepts responsibility and follows through on tasks</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Completes most assigned tasks in a timely manner but may need multiple reminders or other support</li> <li>b. Accepts professional responsibility only when assigned or mandatory</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Completes patient care tasks in a timely manner in accordance with local practice and/or policy</li> <li>b. Completes assigned professional responsibilities without questioning or the need for reminders</li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner</li> <li>b. Willingness to assume professional responsibility regardless of the situation</li> </ul>
<b>PGY LEVEL</b>		<b>GOAL – Responds to each patient’s unique characteristics and needs</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter</li> <li>b. Requires assistance to modify care plan to account for a patient’s unique characteristics and needs</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Seeks to fully understand each patient’s unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference.</li> <li>b. Modifies care plan to account for a patient’s unique characteristics and needs with partial success</li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Recognizes and accounts for the unique characteristics and needs of the patient/caregiver</li> <li>b. Appropriately modifies care plan to account for a patient’s unique characteristics and needs</li> </ul>
<b>PGY LEVEL</b>		<b>GOAL – Exhibits integrity and ethical behavior in professional conduct</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Honest in clinical interactions and documentation. Requires oversight for professional actions</li> <li>b. Has a basic understanding of ethical principles, formal policies and procedures and does not intentionally disregard them</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Honest and forthright in clinical interactions and documentation</li> <li>b. Demonstrates accountability for the care of patients</li> </ul>

		3	<ul style="list-style-type: none"> <li>a. Demonstrates integrity, honesty and accountability to patients</li> <li>b. Actively manages challenging ethical dilemmas and conflicts of interest</li> <li>c. Identifies and responds appropriately to lapses of professional conduct among peer groups</li> </ul>
<b>Evaluation Methods</b>			
Faculty Evaluation, Peer Evaluation, Direct Observation			
<b>CORE COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS</b>			
<b>PGY LEVEL</b>		<b>GOAL – Communicates effectively with patients and caregivers</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Engages patients in discussion of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences</li> <li>b. Defers difficult or ambiguous conversations to others</li> <li>c. Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Engages patients in shared decision making in uncomplicated conversations</li> <li>b. Requires assistance facilitating discussions in difficult or ambiguous conversations</li> <li>c. Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds</li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Incorporates patient specific preferences into plan of care</li> <li>b. Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>c. Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
<b>PGY LEVEL</b>		<b>GOAL – Communicates effectively in interprofessional teams</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Uses unidirectional communication that fails to utilize the wisdom of the team</li> <li>b. Resists offers of collaborative input</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Inconsistently engages in collaborative communication with appropriate members of the team</li> <li>b. Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care</li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Consistently and actively engages in collaborative communication with all members of the team</li> <li>b. Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care.</li> </ul>
<b>PGY LEVEL</b>		<b>GOAL – Appropriate utilization and completion of health records</b>	
		<b>OBJECTIVES</b>	
1			<ul style="list-style-type: none"> <li>a. Health records are disorganized and inaccurate</li> </ul>
	2		<ul style="list-style-type: none"> <li>a. Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning</li> </ul>
		3	<ul style="list-style-type: none"> <li>a. Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning</li> <li>b. Health records are succinct, relevant and patient specific</li> </ul>
<b>Evaluation Methods</b>			
Faculty Evaluation			

## ROTATION STRUCTURE

### STARTING THE ROTATION

Before the first day on service, sign-out should occur from the outgoing member to the appropriate oncoming team member (resident to resident, intern to intern). Please make sure to watch the Orientation Video prior to starting this rotation. Videos can be accessed through MyEvaluations or on the Chief's website (uscmedicine.blog / Resources / Rotation Orientation & Objectives / GI Consult).

### WEEKLY SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30AM - 8:30AM				GI Grand Rounds	
8AM - 12PM			GI Clinic		
12PM - 1PM	Liver Grand Rounds			Pathology Conference	
4:30PM - 5:30PM		IBD Conference		Motility Conference	

### DAILY SCHEDULE

8:00 AM - 12:00 PM	Work Rounds, Clinic
12:00 PM - 1:00 PM	Lunch/Conference
1:00 PM - 5:00 PM	Attending Rounds

#### Work Rounds

The Fellow Work Rounds are an opportunity for the consult team to discuss and evaluate the consults from the night before and the difficult management cases with the fellow prior to rounding with the attending. A preliminary plan on each patient should be made at this time.

#### Attending Bedside Rounds

Daily rounds will be scheduled at the discretion of the attending physician and the team will be notified in advance of the time for attending teaching rounds. Prior to attending rounds, all patients, new and old, are to be discussed with the fellow on the team. During attending teaching rounds, all new and old patients will be discussed with a care plan decided upon. The attending should review all of the team's new consults from the previous twenty-four hours and discuss all of the team's established patients with new, significant developments. Faculty are expected to perform bedside teaching, discussion of pathophysiology, and should use current available studies to aid in diagnostic and therapeutic decisions. Finalized consult notes, to include clinical impressions and recommendations, should be submitted on the day the patient is staffed with the attending physician.

#### GI Clinic

Residents rotating on the GI Consult Service are expected to attend GI Clinic unless otherwise indicated by the Chief Residents.

### TEAM STRUCTURE

There are 2 GI consult teams. Each GI consult team consists of 1 faculty attending from the Division of Gastrointestinal and Liver Disease, 1 fellow, and 2-3 residents. A faculty attending will be

available to the house officers at all times of the day. Each attending will perform teaching rounds five days per week.

### **CALL**

There is no overnight call for residents. The 2-3 residents on service will alternate service coverage for each of the weekends during the rotation, which will be coordinated with members of the other GI consult team. The weekend schedule will be determined by the team collectively and should be turned into the Chief Residents on the 1<sup>st</sup> day a new resident joins the team so that it may be accurately reflected on AMION.

### **DAYS OFF**

All house officers on GI Consult will get an average of one day off per week across the duration of the rotation. Days off will be determined by the team collectively and the schedule should be turned into the Chief Residents on the 1<sup>st</sup> day a new resident joins the team so that it may be accurately reflected on AMION.



## CURRICULUM

### EDUCATIONAL PLAN

The purpose of this rotation is to train residents to competently care for patients with a broad range of medical problems who require hospital admission to the general medicine ward service.

The curriculum is organized into two components:

1. inpatient GI consultative services
2. outpatient GI clinic
3. didactic lectures and conferences

### LEARNING OBJECTIVES

	<b>PGY 1</b>	<b>PGY 2</b>	<b>PGY 3</b>
<b>Patient Care</b>	<ul style="list-style-type: none"> <li>• Residents will gather a detailed history with complete description of the symptoms</li> <li>• Resident will be able to perform a complete abdominal exam, including percussion and auscultation.</li> <li>• Residents are expected to know the indications, contraindications and complications of paracentesis and Endoscopy.</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritize patient's problems.</li> <li>• Resident teaches junior residents/medical students the fundamentals of history taking.</li> <li>• Resident teaches junior residents/medical students the fundamentals of the time sensitive P/E.</li> </ul>	<ul style="list-style-type: none"> <li>• Performs well in ambiguous situation.</li> <li>• Spends time appropriately to the complexity of the problem. • Elicits subtle findings on physical examination.</li> <li>• Resident will demonstrate developing competence in the interpretation of abdominal imaging.</li> </ul>
<b>Medical Knowledge</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Resident will become familiar with gastrointestinal and hepatic manifestations of systemic disease.</li> <li>• Resident will become familiar with the impact of gastrointestinal and hepatic disease on other major organ systems.</li> </ul>	<ul style="list-style-type: none"> <li>• Gastrointestinal bleeding, including variceal bleeding.</li> <li>• Liver failure</li> <li>• Indications for PEG placement.</li> <li>• Develop an analytic approach to clinical scenarios.</li> </ul>
<b>Practice Based Learning and Improvement</b>	<ul style="list-style-type: none"> <li>• Resident prioritizes treatment decisions based on patient's severity of illness.</li> </ul>	<ul style="list-style-type: none"> <li>• Asks for help when needed, self-motivated to acquire knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Resident will use major textbooks, review articles, and current literature to facilitate patient care.</li> </ul>
<b>Interpersonal and</b>	<ul style="list-style-type: none"> <li>• Resident communicates regularly</li> </ul>	<ul style="list-style-type: none"> <li>• Resident communicates regularly with patient and his/her family</li> </ul>	<ul style="list-style-type: none"> <li>• Resident is concerned about the patient's comfort.</li> </ul>

<b>Communication Skills</b>	with patient and his/her family.		<ul style="list-style-type: none"> <li>• Able to deal with challenging patients and families.</li> <li>• Resident addresses end of life decisions with minimal faculty input</li> </ul>
<b>Professionalism</b>	<ul style="list-style-type: none"> <li>• Resident recognizes and takes steps to correct his/her deficiencies.</li> <li>• Resident treats team members with respect, including nurses and other health care providers.</li> <li>• Resident adheres to all ACGME mandated duty hour restrictions. Resident completes medical records on time.</li> </ul>	<ul style="list-style-type: none"> <li>• Resident will counsel junior team member on issues of professionalism including personal reactions to the morbidity and mortality associated with the care of gastrointestinal and hepatic diseases. • Able to delegate responsibility to others</li> </ul>	<ul style="list-style-type: none"> <li>• Set a tone of respect and collegiality for the team.</li> <li>• Identifies ethical issues and employs available resources to solve them.</li> </ul>
<b>Systems Based Practice</b>	<ul style="list-style-type: none"> <li>• Resident can effectively initiate the appropriate use of other consultants in the care of patients with gastrointestinal and hepatic diseases.</li> </ul>	<ul style="list-style-type: none"> <li>• Resident serves as a consultant to other services with moderate faculty input.</li> </ul>	<ul style="list-style-type: none"> <li>• Understands and develop cost effective care</li> <li>• Expertise in Medical practice knowledge and delivery systems</li> </ul>

## INPATIENT CONSULTS

Consults are written in the GI Consult book, kept at the front desk in the GI diagnostic area. Consults are taken by the clerks from 7:00am to 4:00pm (M-F). The patient's name, MRUN, location, reason for consult, and primary intern/resident's name and pager are written down. Each GI team will alternate consults and will write their name and team down next to the patient. GI consult residents are responsible for checking the GI Consult book regularly throughout the day to be notified of any new consults.

Consults should be viewed with the following priorities:

- **Emergent:** Emergent consults must be reviewed and co-signed by fellow and/or faculty within two hours. Review by faculty must occur within 24 hours or sooner if appropriate.
- **Urgent:** Urgent consults must be reviewed and co-signed by fellow and/or faculty within 8 hours. Review by faculty must occur within 24 hours.
- **Routine:** Routine consults must be seen, reviewed and co-signed by fellow and/or faculty within 24 hours.

## OUTPATIENT CLINICS

One resident from each GI Consult team is expected to attend GI Clinic each week.

## **CONFERENCES**

### **GI Grand Rounds**

GI Grand Rounds occur every Thursday at 7:30AM in the Hastings Auditorium at the Hoffman Medical Research building. This conference is attended by all fellows and GI attendings. Grand Rounds is typically given by a GI fellow, faculty, or an invited speaker. This is a mandatory conference.

### **IBD Conference (optional)**

IBD conference is held on the third Tuesday of every other month in Norris Topping Tower 4444 and will consist of discussions of one-two IBD cases, moderated by faculty. An outside IBD expert will often be invited to participate.

### **Pathology Conference (optional)**

Pathology Conference is held on the first and third Thursday of the month from 12:30 – 1:30 PM in the pathology lab on the 7th floor of Clinic Tower. Fellows are responsible for arranging the cases at least 2 working days before the conference.

### **Motility Conference (optional)**

Motility conference is held the first Thursday of every other month and occurs from 4:30 – 5:30 PM in the fellows room. This conference will teach the basics of esophageal manometry, 24hour pH and impedance techniques.

## **EDUCATIONAL METHODS**

Direct observation of patient care and bedside teaching occur in the setting of daily inpatient rounds with the attending. Residents evaluate and treat patients both in the capacity of follow-up as well as initial evaluation. The supervising attending reviews and critiques the resident's interpretation of diagnostic studies and formulation of assessments and plans. Residents additionally attend didactic conferences as indicated above. Residents are expected to read the current literature regarding their patient's that have Gastrointestinal diagnoses. Core curriculum on Gastroenterology topics is delivered in the residency.

## **EDUCATIONAL RESOURCES**

- [www.gastro.org](http://www.gastro.org)

## **EVALUATION TOOLS**

The attending physician is responsible for providing verbal feedback and must submit evaluations of the resident physicians in MyEvaluations. The attending must meet face-to-face to provide mid-point and end-of-rotation feedback with all of the house officers they evaluate and indicate that discussion on the evaluation form. Evaluations must be completed within one week of completing a rotation. Peer evaluations for other trainees on the team should be completed in a timely manner.

## **PATIENT CARE**

### **LOCATION & PATIENT CHARACTERISTICS**

The GI Consult rotation is entirely at the LAC+USC hospital. Consults may be called in by the Emergency Department, OB/Gyn triage, or any primary inpatient service, including, but not limited to general inpatient medicine, MICU, ACS, SICU.

The patient population at LAC+USC Medical Center is very diverse, with multiple ethnic and socioeconomic groups represented. The spectrum of these encounters will be from primary presentation of new disease processes to the tertiary care for the patient who is referred for subspecialty care.

### **DOCUMENTATION**

All documentation must be completed electronically in ORCHID. Each note needs to end with "Discussed with Attending Dr. [Name]" and be forwarded to the attending on service for the day for review. In ORCHID, the initial consult note type, "Gastroenterology Consultation" should be used. Thereafter, "Gastroenterology Progress Note" should be used.