

LAC+USC Medical Center

Gastroenterology Consult Orientation

2021-22

Faculty in Charge of Rotation:

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First Day of Rotation:

Report to D&T Building, Room B4A-102

Contact the LAC GI consult fellow listed on Amion (login: lacusc -> IM-GI Attendings) who will coordinate where to meet the team. It's expected you're here by 7:30am on weekdays.

In this time of social distancing, conferences and rounds may take place virtually or in person depending on the protocol at that time.

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.

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).

WEEKLY SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30AM – 8:30AM				GI/Liver Didactics (via Zoom unless specified)	
8:00AM – 12:00PM			LAC GI Clinic		
4:30PM – 5:30PM		GI/Liver Grand Rounds (via Zoom unless specified)			
5:00PM – 6:00PM	IBD Conference (2 nd Monday of every month, via Zoom unless specified)				

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.

LAC GI Clinic

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

TEAM STRUCTURE

There are 2 GI consult teams. One faculty attending from the Division of Gastrointestinal and Liver Disease is in charge of both consult teams. Each team consists of 1 GI fellow, and 2-3 residents. The 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 1st day a new resident joins the team so that it may be accurately reflected on AMION.

TRAINEE CAPS

Interns on the consult service will cover up to 6 patients per day. Residents on the consult service will cover up to 8 patients per day. Caps will be maintained on the weekdays and weekends. This is to ensure that the environment on this service is optimal for your learning.

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 1st day a new resident joins the team so that it may be accurately reflected on AMION.

EXPECTED OR UNEXPECTED ABSENCES

Any planned absences, including for fellowship interviews, must be reported to the Medicine Chief Residents. You should also let the GI Consult fellow and other team members know if you will be absent from service so that patient care responsibilities can be redistributed accordingly.

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 three components:

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

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 LAC GI Clinic each week.

CONFERENCES

GI/Liver Didactics

GI/Liver Didactics typically occur Thursday morning from 7:30AM to 8:30AM in the Hastings Auditorium at the Hoffman Medical Research building or via Zoom. Core topics important to the management of gastroenterology and liver patients will be taught by the GI/Liver faculty. The formal lectures are focused on building the foundations of the gastroenterology/hepatology fellows core fund of knowledge. The residents on the GI consult service should attend as this is a mandatory conference.

GI/Liver Grand Rounds

GI Grand Rounds occur every Tuesday at 4:30PM to 5:30PM in the Hastings Auditorium at the Hoffman Medical Research building or via Zoom. This conference is attended by all fellows and GI/Liver attendings. The types of talks rotate weekly from Grand Rounds Speakers, Journal Club, Endoscopy Rounds, Morbidity and Mortality Conference, and Case Presentations. The residents on the GI consult service should attend as this is a mandatory conference.

Inflammatory Bowel Disease (IBD) Conference

IBD conference is held on the second Monday of every other month in Norris Topping Tower 4444 or via Zoom and will consist of discussions of one-two IBD cases, moderated by faculty. An outside IBD expert will often be invited to participate. The residents on the GI consult service should attend as this is a mandatory conference.

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

- American College of Gastroenterology www.gi.org
- American Gastroenterological Association www.gastro.org
- American Society of Gastrointestinal Endoscopy www.asge.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.

ACGME MILESTONES 2.0

LEARNING OBJECTIVES

Patient Care	<ul style="list-style-type: none"> • Obtain an accurate and relevant focused history. • Perform an accurate physical examination and present information concisely with an initial assessment plan demonstrating clinical reasoning. • Follow the patient's disease course during the patient's hospital stay. • With attending consultation, formulate and execute a differential diagnosis, impression, and a list of recommendations for the primary service. • Appropriately document clinical encounters in the EMR • When indicated, consent patients for procedures and order appropriate diagnostic tests (e.g. paracentesis, endoscopy, radiologic tests, etc.) in conjunction with the primary/referring service. • Learn to provide inpatient care that is safe and compassionate and to develop the ability to thoroughly and clearly educate the inpatient in the relevant areas of disease prevention, detection, progression and therapy to promote GI health.
Medical Knowledge	<ul style="list-style-type: none"> • Residents will have formal instruction and clinical experience and demonstrate competence in: <ul style="list-style-type: none"> ○ 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 ○ Gastrointestinal and hepatic manifestations of systemic disease ○ The impact of gastrointestinal and hepatic disease on other major organ systems ○ The evaluation and management of gastrointestinal bleeding, including variceal bleeding ○ Indications and contraindications for PEG placement
Systems Based Practice	<ul style="list-style-type: none"> • Understand and utilize the multidisciplinary resources necessary to care optimally for patients • Use evidence-based, cost-conscious strategies in the care of patients • Demonstrates collaboration with other members of the health care team, including residents at all levels, fellows, attendings, medical students, nurses, pharmacists, occupational/physical therapists, nutritional specialists, patient educators, social workers, case managers, and providers of home health services • Effectively utilizes of medical consultants, including knowing when and how to request consultation, and how best to utilize the advice provided • Demonstrates willingness and ability to teach medical students and interns • Effectively leads the team, including interns, medical students, nurses, pharmacists, case managers, and social workers
Practice Based Learning and Improvement	<ul style="list-style-type: none"> • Identify and acknowledge gaps in personal knowledge and skills in the care of inpatient and ambulatory patients • Demonstrate independent initiative in commitment to identify and follow through with learning issues. • Develop real-time strategies for filling knowledge gaps that will benefit patients in a busy practice setting • Seek feedback from attending physicians.
Professionalism	<ul style="list-style-type: none"> • Arrive at the clinic or hospital promptly, well-prepared with identified learning issues. • Assume responsibility for patient welfare in a timely manner

	<ul style="list-style-type: none"> • Performs administrative tasks and patient care responsibilities in a time and professional manner • Model effective teaching skills to students and peers. • Comply with Residency dress code
<p>Interpersonal and Communication Skills</p>	<ul style="list-style-type: none"> • Consistently establish rapport with patients and staff. • Present cases in a logical, focused manner and outline impressions that can be justified based on the clinical data. • Work as an effective team member with staff, dietitians, nurses, diabetes educators, and attending physicians. • Write appropriately thorough clinical record entry in standard form. • Communicate consultative recommendations to primary services in a respectful, timely manner.