

EDUCATIONAL OBJECTIVES FOR FELLOWS
Inpatient Consult Service – M.D. Anderson Cancer Center

The Inpatient Consult Service at The University of Texas M.D. Anderson Cancer provides a unique opportunity for fellows in training to consult on hospitalized patients regarding specific issues related to gastrointestinal cancer or GI complications of oncologic treatments and GI changes associated with non-GI malignancies. This service includes the GI Fellow, GI Faculty, and a Physician Assistant. The first-year Gastroenterology Fellow spends twelve weeks on the M.D. Anderson Inpatient Consult Service, with the second-year fellow rotating eight weeks.

Competency is expected in, but not limited to, the following: gastrointestinal cancer diagnosis; endoscopic management of tumor-associated bleeding and obstruction; diagnosis of GI and hepatic complications of bone marrow transplant (including specifically graft versus host disease, venoocclusive disease, opportunistic infection); diagnosis of GI complications of chemotherapy and radiation therapy, general, and in the special contexts of anemia, thrombocytopenia, and neutropenia. Non-cancer related problems may be encountered as well, including complicated acid-peptic disease, motility disturbances, complicated inflammatory bowel disease, diverticulitis, mesenteric vascular events, gastrointestinal infections, and pancreaticobiliary disease including cholelithiasis.

Since severely ill and terminal cancer patients populate our inpatient services, an empathic bedside manner will be cultivated and will be expected. Communication with patients and their families, while time-consuming, carry a premium on this rotation. Collegial relations with nurses and clerks are expected.

Fellows have an opportunity to receive feedback on dictated reports they submit so that effective communication will also be a learning encounter.

EDUCATIONAL GOALS AND OBJECTIVES BY COMPETENCY:

I. Clinical Science/Medical Knowledge

Goal: Fellows must demonstrate knowledge about established and evolving medicine that would be critical to the practice of gastroenterology.

Knowledge – A comprehensive well-grounded knowledge base in general GI and specific topics will include:

- a) gastrointestinal cancer diagnosis
- b) endoscopic management of tumor-associated bleeding and obstruction
- c) diagnosis of GI and hepatic complications of bone marrow transplant (including specifically graft versus host disease, venoocclusive disease, opportunistic infection)
- d) diagnosis of GI complications of chemotherapy and radiation therapy, including anemia, thrombocytopenia and neutropenia
- e) complicated acid-peptic disease
- f) motility disturbances

- g) appropriate assessment and treatment options for GI cancer
- h) mesenteric vascular events
- i) gastrointestinal infections
- j) pancreaticobiliary disease including tumor-associated obstruction

With emphasis on the following:

- a) the epidemiology of the disorder
- b) the etiology of the disorder, including contributing medical, genetic, and social factors
- c) pathophysiology of the disorder
- d) diagnostic criteria
- e) appropriate evaluation
- f) interpretation of histology
- g) course and prognosis
- h) effective treatment strategies
- i) theoretical basis for clinical intervention

Skills: Fellows will demonstrate the ability to:

1. Perform a complete history and physical exam.
2. Understand the indications for and appropriate preparation for conscious sedation.
3. Perform and interpret endoscopy in evaluation of malignancy.
4. Interpret specialized GI tests, histology and radiology.

The Inpatient Consult Fellow is expected to participate in procedures including patient preparation and conscious sedation, and disposition following hospital discharge. This will depend on the Fellow's level of experience. Thus, first-year Fellows should not expect to do ERCPs. Circumstances may exist in which inpatient fellows may be allowed to participate in outpatient procedures, but this will be at the discretion of the inpatient attending.

Technical competency, including knowledge of appropriate use, is developed in diagnostic and therapeutic upper and lower gastrostomy. Therapeutic additions to diagnostic gastrointestinal endoscopy include biopsy, polypectomy, esophageal variceal sclerotherapy and band ligation, control of bleeding (including use of argon plasma coagulation), luminal stent placement, and foreign body removal.

Attitudes:

Fellows must maintain and apply an investigatory and analytic thinking approach to clinical situations.

Demonstrated by:

Clinical care of patients; formal presentations at conferences; self-initiated independent thinking

Evaluation:

Fellow evaluation
Formal and informal observations
Nursing support evaluations

Remediation:

The program director will semi-annually review the fellow's performance and will:

1. Identify any specific deficits.
2. Document all areas requiring remediation or additional concentration.
3. Provide additional recommendations for remediation of specific deficiencies.

OTHER ACTIVITIES ON THE M.D. ANDERSON INPATIENT CONSULT ROTATION:

1. Attend the M.D. Anderson GI Pathology conference and Multidisciplinary conference.
2. Organize GI conferences on a rotational basis.
3. Present GI topic on a rotational basis, with handout and review of literature.
4. Participate in monthly Journal Club.
5. Give one Grand rounds approximately bimonthly.
6. Participate in lectures in gastroenterology.
7. Reading suggestions: Textbooks: Schlessinger and Fordtran's *Gastrointestinal and Liver Disease*; Zakim and Boyer, *Hepatology: A Textbook of Liver Disease*. Journals: Gastroenterology, Hepatology, American Journal of Gastroenterology

II. Patient Care

Goal: Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of gastrointestinal problems.

Knowledge - Fellows will demonstrate knowledge of:

Available treatment methods for the major clinical gastrointestinal disorders and the evidence which supports their use.

Skills: Fellows will demonstrate the ability:

1. To perform and document a comprehensive history and examination to include as appropriate:
 - a) chief complaint
 - b) history of present illness
 - c) developmental history
 - d) past medical history
 - e) family history
 - f) social history
 - g) mental history

2. To create differential diagnoses of other structural abnormalities involved in the esophagus, stomach, or duodenum
3. To evaluate, assess, and recommend cost-effective management of patients
4. To recognize and treat gastrointestinal disorders including:
 - a) gastrointestinal cancer diagnosis
 - b) endoscopic management of tumor-associated bleeding and obstruction
 - c) diagnosis of GI and hepatic complications of bone marrow transplant (including specifically graft versus host disease, venoocclusive disease, opportunistic infection)
 - d) diagnosis of GI complications of chemotherapy and radiation therapy, including anemia, thrombocytopenia and neutropenia
 - e) complicated acid-peptic disease
 - f) motility disturbances
 - g) mesenteric vascular events
 - h) gastrointestinal infections
 - i) pancreaticobiliary disease including malignant obstruction
5. To recognize the impact of disease and therapeutic options on the patient's overall well-being and family.

Attitudes - Fellows will:

1. Be strong advocates for the patient's best interest.
2. Strive to provide quality care within available resources.
3. Be sensitive to patient's cultural differences.
4. 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

Evaluation:

Supervision and rotation evaluations
Formal and informal observations
Nursing support evaluations

Remediation:

The program director will regularly review the fellow's performance and will:

1. Identify any specific deficits.

2. Document all areas requiring remediation or additional concentration.
3. Provide additional recommendations for remediation of specific deficiencies.

III. 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:

1. Interviewing techniques
2. Communication techniques

Skills: Fellows will be able to:

1. Demonstrate the ability to obtain, interpret, and evaluate consultations from other medical specialties. This shall include:
 - a) Knowing when to solicit consultation and having sensitivity to assess need for consultation
 - b) Discussing consultation findings with patients and their families
 - c) Evaluating the consultation findings
 - d) Recognize the impact of disease and treatment on patient and family
2. Serve as an effective consultant to other medical specialists and community agencies. This shall include:
 - a) Communicating effectively with the requesting party to refine the consultation question
 - b) Maintain the role of consultant
 - c) Communicate clear and specific recommendations
 - d) Respect the knowledge and expertise of the requesting party
3. Demonstrate the ability to communicate effectively with patients and their families by:
 - a) Gearing all communication to the educational/intellectual levels of patients and their families
 - b) 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
 - c) Providing preventive education that is understandable and practical as applicable
 - d) Respecting the patients' cultural, ethnic, and economic backgrounds
 - e) Developing and enhancing rapport and a working alliance with patients and families
4. 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.
5. Recognize the need for and effectively use interpreters when necessary.

Attitudes: Fellows will:

1. Maintain an attitude of respect for others, even those with differing points of view.
2. Exhibit culturally sensitive, professional, ethically sound behavior in all patient and professional interactions.
3. Maintain an attitude of interdisciplinary collaboration.
4. 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

Evaluation:

Direct observation, Rotation evaluation

Remediation:

The program director will regularly review the fellow's performance and will:

1. Identify any specific deficits.
2. Document all areas requiring remediation or additional concentration.
3. Provide additional recommendations for remediation of specific deficiencies.

IV. 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:

1. Research methodology, including critical assessment of professional journal articles.
2. Principles of evidenced-based medicine.
3. Awareness of available information technologies and the ability to access them.

Skills: Fellows will be able to:

1. 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:
 - a) Use of medical libraries
 - b) Use of information technology, including Internet-based searches and literature databases (e.g., Medline)

- c) Use of drug information databases.
 - d) Active participation, as appropriate, in educational courses, conferences, and other organized educational activities both at the local and national levels.
 - e) Conducting and presenting reviews of current research in such formats as journal clubs, grand rounds, and/or original publications
2. 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.
 3. Evaluate caseload and practice experience in a systematic manner. This may include:
 - a) Case-based learning
 - b) The review of patient records and outcomes
 - c) Obtaining appropriate supervision and consultation

Attitudes: Fellows will:

1. Maintain an attitude of inquiry and scholarship, recognizing the need for life long learning.
2. 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 attendings.

Evaluation:

The Program Director will regularly review the fellow's performance and will:

1. Identify specific deficits.
2. Document all areas requiring remediation or additional concentration.

Remediation:

The program director will regularly review the fellow's performance and will:

1. Identify any specific deficits.
2. Document all areas requiring remediation or additional concentration.
3. Provide additional recommendations for remediation of specific deficiencies.

V. Professionalism and Ethical Behavior

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:

1. The impact of the disease on patient/family with terminal cancer who populate the inpatient service.
2. The impact of gender, culture, religion, socioeconomic factors, and family structures and systems on issues pertaining to gastroenterology.
3. The different roles a gastroenterologist might fulfill in different settings.
4. Legal issues relevant to gastroenterology.
5. 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:

1. Communicate with patients and their families with an empathetic bedside manner.
2. Respond to communications from patients and health professionals in a timely manner. If unavailable, the physician shall establish and communicate back-up arrangements.
3. Use medical records for appropriate documentation of the course of illness and its treatment.
4. Provide continuity of care including appropriate consultation, transfer, or termination of patients.
5. Demonstrate ethical behavior, integrity, honesty, professional conduct, compassion and confidentiality in the delivery of patient care, including obtaining informed consent/assent, and declaring conflict of interest.
6. 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.
7. Demonstrate appreciation of end-of-life care and issues regarding provision or withholding of care.
8. Acknowledge responsibility for his or her decisions and demonstrate commitment to the review and remediation of his or her professional conduct.
9. 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:

1. Maintain an attitude of inquiry and scholarship, recognizing the need for life long learning.
2. 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.

Evaluation:

Rotation evaluation

Regular review by the program director

Remediation:

The program director will regularly review the fellow's performance and will:

1. Identify any specific deficits.
2. Document all areas requiring remediation or additional concentration.
3. Provide additional recommendations for remediation of specific deficiencies.

VI. 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:

1. Ability to identify the unique/specific characteristics of medical setting for this rotation.
2. Basic concepts of systems theory, how the role of the Gastroenterology Fellow on the Inpatient Consult Service relates to M.D. Anderson and the ongoing care of oncology patients.
3. How fellows and residents' patient care practices and related actions impact component units of health care delivery.
4. Systems-based approaches for controlling health care costs and allocating resources.
5. Maintain a system for examining errors in practice and initiating preventive measures and improvements.

Skills: Fellows will be able to:

1. Advocate for patients within a variety of systems.
2. Navigate the maze of insurance and managed care companies to meet patient needs.
3. Strive to practice cost-effective health care and resource allocation that does not compromise the quality of care.
4. Examine errors in practice and initiate improvements to eliminate or reduce errors.

Attitudes: Fellows will:

1. Maintain an attitude of interdisciplinary collaboration, advocacy and cooperation.
2. Maintain flexibility in adapting to the needs and expectations of different settings and systems.
3. 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.

Evaluation:

Rotation evaluation

Regular review by the program director

Remediation:

The program director will regularly review the fellow's performance and will:

1. Identify any specific deficits.
2. Document all areas requiring remediation or additional concentration.
3. Provide additional recommendations for remediation of specific deficiencies.