UCLA-OLIVE VIEW INTERNAL MEDICINE RESIDENCY

GASTROENTEROLOGY CURRICULUM

Target: PGY 1-3
Updated September 2018

A. EDUCATIONAL OVERVIEW

Residents on the gastroenterology (GI) service are expected to gain a level of competence such that they can independently manage common gastrointestinal diseases in hospitalized and clinic patients. For less common, more severe or complex cases, residents will be able to provide consultation with the supervision of a specialist, and learn when and how to appropriately consult or refer to specialty care.

B. ROTATION DESCRIPTION AND STRUCTURE

Training in GI takes place at the Olive View-UCLA Medical Center, and spans the three years of training. It is composed of clinical experiences on the inpatient consult service and outpatient clinic. Rotations on the inpatient consult service will be two weeks in length. Outpatient gastroenterology clinic is assigned during Ambulatory Medicine week and during the inpatient consult rotation. Trainees will care for patients with acute and chronic gastrointestinal disease. The housestaff will also be assigned a journal club article to appraise and present during GI Journal Club when Journal Club occurs during the rotation. Supervision will be provided by the Gastroenterology & Hepatology faculty and assisted by the Gastroenterology fellow(s).

C. GOALS & OBJECTIVES

Residents are expected to achieve the common goals and objectives of clinical care (see separate document) in addition to the following goals and objectives by the completion of training.

1. **Goal: Provide the initial evaluation and management of common gastrointestinal signs and symptoms: abdominal pain, dyspepsia, dysphagia, emesis, diarrhea, constipation, melena, hematochezia.**
    - Perform a comprehensive history and exam to distinguish pathologic from functional symptoms, assess the severity, and identify red flags. (PC1, MK1)
    - Select appropriate empiric therapies and assess the patient's response to therapy. (PC2/3, MK1)
    - Recommend dietary and lifestyle modification when appropriate to alleviate the patient's symptoms. (PC2/3, MK1, PROF3)
    - Select additional laboratory testing when appropriate, including serum and stool tests. (PC2)
    - Refer patients for endoscopy and advanced imaging to patients in a manner that is cost-conscious and follows expected practice guidelines. (PC2/3, SBP3)

2. **Goal: Recommend the initial evaluation and management of patients with gastrointestinal bleeding.**
    - Perform an efficient and accurate history of the GI condition, including time course, nature of symptoms, alleviating and aggravating factors, and prior or ongoing therapies. (PC1)
    - Describe the severity and urgency of a patient's bleeding using symptoms, vital signs, and selective tests. (PC1/3)

- Explain the patient's likely anatomical source, cause, and rate of bleeding, and use this to justify potential diagnostic and therapeutic interventions. (PC2/3)
- Select an appropriate timeframe to evaluate and interval to reassess the patient. (PC2/3)

3. **Goal: Evaluate and manage patients with Gastroesophageal Reflux Disease (GERD) and associated symptoms.**
   - Recommend appropriate pharmacologic therapy and lifestyle interventions to improve symptoms. (PC2/3)
   - Assess for alternative diagnoses or recommend different therapy when there is lack of expected response to treatment or red flags. (PC2/3/5, PBLI4)

4. **Goal: Demonstrate a working knowledge of the spectrum of GI procedures available for patient care.**
   - List the existing types of procedures, including upper GI, lower GI, and other. (MK2)
     - Upper endoscopy (esophagogastroduodenoscopy)
     - Colonoscopy
     - Flexible sigmoidoscopy
     - Endoscopic retrograde cholangiopancreatography (ERCP)
     - Endoscopic ultrasound – fine needle aspiration
     - Luminal stenting
     - Balloon enteroscopy
     - Percutaneous endoscopic gastrostomy
     - Video capsule endoscopy
   - Identify the limitations, risks, and appropriate utilization of each procedure in various clinical contexts. (MK2)
   - Explain the non-invasive alternatives to these GI procedures, e.g. advanced imaging techniques. (MK2)

5. **Goal: Recommend evaluation and management of symptomatic inflammatory bowel disease (IBD).**
   - Perform an efficient and accurate history of the patient's condition, including onset of symptoms, when diagnosis was made, prior and ongoing therapies (chronology, response, adverse effects, etc.), pertinent imaging and endoscopic tests, and relevant histopathologic findings. (PC1)
   - Identify and explain the clinical differences between chronic ulcerative colitis and Crohn's disease as well as their associated complications. (MK1, PC1)
   - Describe the appropriate use of pharmacologic therapies, including glucocorticoids, aminosalicylates, immunomodulators, and biologic therapies. (MK1, PC2/3)
   - Identify the cause for a given patient's symptoms (e.g. superimposed C. difficile colitis vs. medically-refractory IBD). (PC1/2)

- Recommend additional testing or therapy, as appropriate, for specific cases. (PC2/3)

6. Goal: Recommend evaluation and management of various types and presentations of biliary disease.

- Take an efficient and accurate history of the patient's condition, including when symptoms were first noted, nature of symptoms (including radiation), alleviating and aggravating factors, pertinent personal and family medical and surgical history. (PC1)
- Distinguish between acute cholecystitis, choledocholithiasis, malignant biliary obstruction, and other causes of biliary obstruction or cholestasis, with and without acute cholangitis based on objective data, including physical exam, laboratory, and imaging components. (PC1, MK1)
- Recommend additional laboratory, imaging, or other testing when necessary for diagnosis. (PC1/2)
- Outline a treatment plan, including surgical or medical/endoscopic management. (PC2/3/5)

D. CORE TOPICS IN GASTROENTEROLOGY

- Gastrointestinal Bleeding: upper and lower GI bleeding
  - Esophageal varices
  - Peptic ulcer disease
  - Diverticulosis
  - Hemorrhoids
- Inflammatory Bowel Disease (IBD)
  - Crohn's disease
  - Ulcerative colitis
- Esophageal conditions and diseases
  - Esophageal reflux
  - Erosive esophagitis
  - Esophageal cancer
  - Food impaction
  - Esophageal tear (Mallory-Weiss syndrome) and rupture (Boerhaave syndrome)
  - Esophageal dysmotility
  - Esophageal strictures
  - Esophageal diverticula
- Gastric conditions and diseases
  - Peptic ulcer disease
  - H. pylori gastritis
  - Gastric cancer: adenocarcinoma, lymphoma
  - Gastroparesis

- Small intestinal conditions and diseases
    - Short bowel syndrome
    - Mesenteric ischemia
    - Bacterial overgrowth syndrome
    - Gastroenteritis
    - Celiac disease
    - Whipple's disease
- Colonic and anorectal conditions and diseases
    - Colorectal cancer (including hereditary forms)
    - Diverticular disease: diverticulitis, diverticulosis
    - Irritable bowel syndrome (IBS)
    - Hemorrhoids and fissures
- Pancreaticobiliary diseases
    - Cholelithiasis
    - Choledocholithiasis
    - Cholecystitis
    - Cholangitis
    - Pancreatitis
    - Sclerosing cholangitis and biliary cirrhosis
    - Cancers of the pancreaticobiliary system: cholangiocarcinoma, ampullary, pancreatic carcinoma, pancreatic neuroendocrine
- Hepatic conditions and diseases
    - Cirrhosis and portal hypertension
    - Nonalcoholic fatty liver disease (NAFLD) and steatohepatitis (NASH)
    - Alcoholic hepatitis
    - Viral hepatitis
    - Autoimmune hepatitis
    - Toxin-induced liver disease
    - Fulminant liver failure
    - Hepatic vein thrombosis (Budd-Chiari syndrome)
    - Liver disease in pregnancy
    - Hemochromatosis
    - Wilson's disease
    - Hepatocellular carcinoma

- Liver abscess

E. TEACHING METHODS

Clinical education is primarily delivered through direct patient care and attending rounds with the supervising attending physician and fellow.

GI Journal Club provides additional education during this rotation. Trainees will be expected to attend and appraise a published article.

F. SUPERVISION AND EVALUATION

All housestaff and patient care will be supervised by the attending physician.

Residents will be evaluated by the supervising attending. Direct verbal feedback may be provided throughout the rotation, and written evaluation will be submitted electronically in MedHub at the end of the rotation. These can be reviewed by the resident at any time and will be reviewed with the housestaff during the Clinical Competency Committee meeting.

Direct observation and feedback of interviewing, examination, and/or counseling skills may be documented with the Mini-CEX.

G. EDUCATIONAL RESOURCES

Electronic resources are also available through the internet at Olive View-UCLA Medical Center and through UCLA.

- UpToDate
- Dynamed (coming)
- Harrison's Principles of Internal Medicine
- PubMed
- Visual Diagnosis (VisualDx)