

GASTROENTEROLOGY

Location: Boise VA Medical Center

FACULTY CONTACT:

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OVERALL EDUCATIONAL PURPOSE

To learn to recognize, evaluate and treat the commonly encountered gastrointestinal syndromes and diseases including, but not limited to: GI bleeding, PUD, GERD, intestinal diseases, malabsorption, diarrhea, hepatobiliary diseases, ascites, pancreatic disease, and GI malignancies.

To learn the indications, appropriate use and complications of gastrointestinal endoscopy.

To provide an opportunity to learn the techniques of flexible sigmoidoscopy and liver biopsy.

To learn appropriate and cost effective preventive, surveillance, and screening techniques for gastrointestinal malignancies (colorectal cancer in general population; colorectal cancer in patients with ulcerative colitis or positive family history; hepatoma in patients with chronic active hepatitis; esophageal carcinoma in Barrett's; etc.).

TEAM STRUCTURE

GI Attending
+/- R2
+/- R1
+/- MS4
Midlevel

PRINCIPAL TEACHING METHODS

Case review: The GI attending reviews each new consult with the resident daily. The GI attending is present in GI clinic and sees and reviews each new outpatient. The attending is available to the resident for returning visits of GI outpatients and reviews and co-signs all progress notes in the record.

EDUCATIONAL CONTENT

Mix of Diseases

The most commonly seen diseases include: peptic ulcer disease; gastroesophageal reflux disease; acute GI bleed; functional gastrointestinal disorders (abdominal pain and/or motility

symptoms); pancreatitis; gall stone disease; hepatic cirrhosis and complications of portal hypertension; inflammatory bowel disease; chronic active hepatitis; gastrointestinal malignancies.

Patient Characteristics

At the Boise VAMC ninety to ninety five percent of the patients are men. There is a bimodal age distribution reflecting the large number of veterans generated in the World War II and Korea era and the Vietnam era.

Types of Clinical Encounters

The resident spends about half of his/her time in the ambulatory care setting and half in the inpatient setting.

In the inpatient setting, the majority of patients are seen as consults.

In the ambulatory care setting, the resident's time is divided equally between clinic and ambulatory procedures.

Procedures

Every resident is expected to learn the indications for and technique of flexible sigmoidoscopy. During the elective GI rotation, there is formal instruction and ample time and case material to learn this procedure.

Residents are offered the opportunity to learn the technique of liver biopsy. All residents are expected to learn the indications for and complications of liver biopsy.

The resident learns the indications for cost effective use of, and complications of the entire range of gastrointestinal endoscopy and invasive diagnostic and therapeutic procedures.

Services

There is a full gastrointestinal endoscopy laboratory. There is adequate surgical back-up. There is full-time laboratory, pathology, and radiology services. In radiology, routine x-rays, barium contrast studies, ultrasound, nuclear medicine, CT, MRI, and interventional diagnostic and therapeutic techniques are available.

ROTATION SPECIFIC SCHEDULE

Two half-days of continuity clinic

One half-day of GI clinic

Two full days of flex sig

PRINCIPAL EDUCATIONAL MATERIALS USED

There is a small library available in the Medical Service conference room as well as the emergency room. Additionally the main library with texts and journal holdings is situated in the Learning Resource Center near the general medicine ward. Residents have access to this area 24 hours a day.

There is a complete medical library at the VA Medical Center, as well as St. Luke's Regional Medical Center, St. Alphonsus Regional Medical Center, with texts, journals and available

computer access. Point-of-Contact computer reference is available to UW School of Medicine library resources and VAMC on-line reference materials, such as Up-to-Date, Micromedics, PubMed and others.

There is wide availability of personal computers with a network allowing instant access to Medline, Stat Reference, Patient Data and other educational sources.

There are maintained teaching files for particularly demonstrative x-rays, pathologic material, electrocardiograms, echocardiograms, clinical vignettes, etc

METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE

At the end of the rotation, the resident is evaluated in writing and their performance reviewed with them verbally by every attending, fellow or supervising resident he or she has interacted with for a significant amount of time. The evaluator rates each resident on a nine-point scale in each component of clinical competence (i.e. clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behaviors, medical care, educational attitudes, leadership and overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of each attending, fellow or supervising resident with whom they have interacted for a significant amount of time.

EXPLICIT LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS ON THIS SERVICE

Inpatient

The GI attending sees and reviews with the resident each new consultation or primary patient within 24 hours. The attending is available at all times for immediate review of emergency patients. The resident provides ongoing care writing progress notes, recommendations or orders on inpatients. The attending meets with the resident daily to review all patients.

Ambulatory Care

The attending is present in GI clinic and sees and reviews each new patient and documents his participation in the record. The attending is available in the clinic to see returning patients and will review and co-sign the progress notes written by the resident in the records of these patients. The resident writes a complete history and physical or consultation note with assessment and plans or recommendations for each new patient seen and writes progress notes for each revisit.

There is one GI faculty member designated as attending for each monthly rotation who supervises the resident and/or student, is ultimately responsible for all the patients seen by the resident, and organizes the educational activities.