

GASTROENTEROLOGY

Location: University of Washington Medical Center

FACULTY CONTACT:

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OVERALL EDUCATIONAL PURPOSE:

The purpose of the rotation on Gastroenterology and Hepatology is to improve the understanding by the resident of a variety of gastrointestinal and liver diseases. This includes the evaluation of symptoms referable to the GI tract as well as physical findings and appropriate use of x-rays, procedures, and laboratory tests. A review of normal physiology and the pathophysiology of gastrointestinal diseases is an integral part of this rotation.

TEAM STRUCTURE:

Consult service: 1 attending, 1 GI Fellow, 1 GI consult medical resident, 0-2 medical students

PRINCIPAL TEACHING METHODS:

Residents will be directly involved in patient care. They will be primarily responsible for initial consultations on inpatients and outpatients with gastrointestinal diseases. They will review their evaluation of the patient directly with the gastroenterology fellow and attending on a daily basis. Flexible sigmoidoscopy is taught to rotating residents by personal supervision from an attending gastroenterologist. Teaching conferences are available on a daily basis. Biweekly teaching conferences are multidisciplinary and involve contributions by Medicine, Surgery, Radiology, and Pathology. Residents are also encouraged to attend the weekly GI Division-wide conferences.

EDUCATIONAL CONTENT:

The resident will be exposed to a broad range of gastrointestinal diseases. These will include common outpatient problems such as gastroesophageal reflux disease, peptic ulcer diseases, diarrhea, constipation, and abdominal pain. An understanding of the appropriate diagnosis and treatment for *Helicobacter pylori* is part of the curriculum. Current recommendations for colorectal cancer screening are emphasized. The indications, contraindications, and patient experience with routine endoscopic procedures including upper endoscopy, colonoscopy, and ERCP are reviewed. The appropriate use of routine imaging tests including contrast radiography, CT, ultrasound, and MR scanning are reviewed regularly on teaching rounds.

Rotation Specific Schedule

** denotes GI-specific events

Monday

Noon conference 12:30-1:30 p.m.

** GI attending rounds: 3-6 p.m.

Tuesday

Medicine M&M Conference 12:30-1:30 p.m.

** GI attending rounds: 3-6 p.m.

Wednesday

Noon conference 12:30-1:30 p.m.

** GI attending rounds: 3-6 p.m.

Thursday

Medicine Grand Rounds: 8-9 a.m.

Resident teaching conference: 9:15-10:15 a.m.

** GI/Pathology conference 12-1 pm. (twice/month)

** GI attending rounds: 3-6 p.m.

Friday

** Division-wide GI Conference 7:30 - 10 a.m.

(Consists of case presentation, morbidity/mortality/management review, journal club, research seminar, fellows lectures)

Noon conference 12:30-1:30 pm.

** GI attending rounds: 3-6 p.m.

Call and Weekend Responsibilities

Residents do not have to have night or weekend call while rotating on the gastroenterology service

PRINCIPAL EDUCATIONAL MATERIALS USED

Residents are given access to and encouraged to read standard gastroenterology textbooks by Yamada and Sleisenger and Fordtran. Additional in-depth reading about the specific GI problems of patients who are consulted on is encouraged. The resident is given access to and encouraged to use the Health Sciences Library at the University of Washington for this purpose.

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 each attending, or fellow 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 they have interacted with for a significant amount of time.

EXPLICIT LINES OF RESPONSIBILITY FOR CARE OF PATIENTS ON THIS SERVICE

Residents see inpatients and outpatients directly and take a careful history and perform a physical examination. They formulate a diagnostic impression and plan and present this in detail to the attending physician and GI fellow. The physical examination and history elements are reviewed at the bedside for inpatients and in the examining room for outpatients. An attending physician is always available for direct teaching and supervision of patient care. Residents do not have night or weekend call while rotating on the gastroenterology service.