University of Minnesota
GI Fellow Rotation Information

Year and Site-Specific Goals and Objectives – See Attached Document

During your University of Minnesota-Fairview rotation the GI fellows are exposed to great diversity of patient care. This includes complex patients with GI and liver problems admitted to the teaching services at University Hospital, general GI consultations at the Riverside campus, and endoscopy on outpatients and inpatients. The guidelines are the basic reference to the structure of this rotation.

THE TWO MAJOR PRIORITIES FOR THE FELLOW ARE:
1. Facilitate optimal patient care.
2. Obtain maximal educational experience.

On the first day of your rotation, please come to the GI conference room in VFW, where you will meet with Drs. Alex Khoruts and Charmaine Stewart. The purpose of this meeting is to receive direction and answer any questions you may have regarding clinical priorities.

I. Patient care. The fellow’s primary service responsibility is the inpatient consult service. When there are two fellows on the GI rotation, they will typically divide the service between general luminal GI and pancreatic/biliary patients. The two fellows can switch between these two GI subsections every two weeks or another schedule they agree to. The fellow is typically the point contact person on the service for consults. He or she is also one of the major links for continuity of care on the inpatient service during the rotation. Therefore, the fellow is expected to take charge and be responsible for smooth running of the consult service. Supervision of residents and medical students falls into this responsibility. Specifically, the fellow is expected to:

a) Make sure the consults are seen in a timely manner. Follow-up notes need to be entered into the EMR in the morning. The fellow may delegate seeing the consults to resident/student; he or she is the quarterback. The GI fellow rotating on the hepatology section should see all liver consults.

b) The GI fellow must attend the continuity clinic and mandatory conferences. The inpatient service is the GI fellow primary service responsibility, and is also the major source of their endoscopy experience. The outpatient endoscopy experience is not a priority, but fellows are welcome to participate if the inpatient service doesn’t require their attention.

c) The GI fellow on the pancreatic/biliary section of the rotation will see all patients with questions pertaining to this organ system, but not patients admitted for post-ERCP or EUS procedure observation or pain management. The latter are the responsibility of the 4th year fellow and pancreaticobiliary staff, and the firm E medicine service. The staffing of these patients should be done with Dr. Freeman. On the weekends if Dr. Freeman is not available, is out of town, the on-call ERCP physician and contact information can be identified at www.amion.com - user name HENN, and look under GI/ERCP on call.
d) Communicate with the referring physicians. Make sure the referring physician feel respected and appreciated. Please note that the level of involvement is somewhat different for the teaching services at the University and the Riverside campus. You will usually need to write orders on Riverside. Also, note that a consult “for a procedure” at Riverside usually means a full consult. A good rule of thumb is the following: if you expect a follow-up note, there should be an initial consult. Non-transplant and non-ICU care liver problems can be seen by the general GI consult service and staffed with the GI consult attending, unless specified otherwise. The liver fellow should be responsible for all the transplant patients, and is also expected to consult on general liver problems.

e) All new consults need to be dictated.
f) E-mail sign outs before the weekend and before the week. Ideally, you should sign out all patients on the service, and indicate which you’d like to be seen and have follow-up notes.
g) Discuss all new consults on the weekend with the attending. Typically, you will be expected to formally see most of these. You are expected to see the follow-up patients and leave notes on them.

I. What is an Urgent Consult? A patient that would benefit from a thorough evaluation before recommendations can be given, and would benefit from a prompt opinion. An uncomplicated, hemodynamically stable patient with melenic stools can probably just be put on the endoscopy schedule and evaluated in endoscopy. In contrast, a patient with acute pancreatitis, or suspected biliary pain would fall into urgent category.

II. Education: It is expected that the fellow will attend the mandated conference at the VA (Thursday afternoon) and Regions (Wednesday morning). In addition, the fellows rotating at the University are required to attend weekly Thursday morning multidisciplinary conferences. These are held in the GI conference room in VFW, between 7-8 AM every 1st (IBD), 2nd (Liver), 3rd (Radiology/Surgery), and 4th (Liver) Thursday of the month. In addition, a pathology conference is held every 4th Wednesday in C456 Mayo at noon. Tumor Conference is held Monday afternoons, 5-6 PM, in the Surgery Conference Room on the 11th floor PWB building. More detail are usually found at the divisional website: http://www.med.umn.edu/gi/weeklyconferences/home.html You will be expected to help out with these conferences. Some of the best learning takes place while teaching. It is expected that the GI fellows will assume partial responsibility for guiding the medical education of the residents and medical students rotating on the service.

III. Communication Skills: Within the inpatient consult setting, the GI fellow will learn and progressively improve communication skills: with patients, with consulting physicians, and with ancillary personnel and service providers.

IV. Professionalism: The GI fellow will learn, develop and demonstrate professionalism with respect to all relationships involving the consult service.

V. Practice-Based Learning: The fellow will present cases from the consult experience at GI conferences, in order to benefit and learn from reflection on case experiences and
outcomes. The GI fellow will learn life-time learning skills by using library and electronic resources to research relevant medical literature regarding patient issues.

VI. Systems-Based Practice: The GI fellow will learn and utilize skills in the Electronic Medical Record system, Electronic Ordering, and the mechanisms for interacting with critical ancillary services (such as Pathology, Radiology, and Surgery) that are essential to consultative medical practice at this training site.

VII. Progressive Responsibility (Year specific goals and objectives)
All trainees will be fully supervised with respect to their consultative and procedural practice. The degree of independent practice with respect to consultative and procedural responsibilities will be graded in degree – based upon the trainee’s experience and performance, as assessed by supervising faculty members. First year fellows will perform basic GI procedures; such as upper GI endoscopy, colonoscopy/polypectomy, sigmoidoscopy, liver biopsy, PEG, and dilatation. Third year fellows, and advanced first year fellows, may perform advanced procedures, such as stent placement and ERCP.

Continuity Clinic
GI fellows have a half-day continuity clinic throughout their training (clinical or research time). Each fellow will attend a VA Medical Center clinic (Monday afternoons) one week, alternating with a non-VA clinic site (Regions Hospital, Hennepin County Medical Center, University of Minnesota Medical Center) on alternate weeks.

Year and Site-Specific Goals and Objectives:

Year 1 (for nearly all fellows, this is a clinical year):

1. To provide graded, progressive, and supervised clinical/cognitive experience evaluating and treating patients with diseases of the gastrointestinal tract, liver, and nutrition
2. To provide graded, progressive, and supervised training in the basic endoscopic procedures (upper GI endoscopy and biopsy, colonoscopy and polypectomy, dilatation, endoscopic hemostasis, and liver biopsy)
3. To evaluate progress on a quarterly basis and to advance responsibilities based upon performance

Goals and objectives for individual training sites:

1. Regions Hospital (RH, 3 months): First year specialty residents provide inpatient GI consultations and longitudinal follow-up, supervised by faculty members. They supervise and teach general internal medicine residents and students rotating on the GI service. Under supervision, they perform basic endoscopic procedures for inpatient consults and selected outpatients. Night and weekend call (taken at home) enables residents to participate in emergency procedures such as esophageal foreign body removal. Responsibilities and independence in managing inpatients and performing endoscopy is
advanced based upon the resident's experience, proficiency, and performance as evaluated by supervising faculty members (using GI E-Value criteria).

2. **Hennepin County Medical Center** (HCMC, 3 months): As stated for RH above.

3. **Minneapolis VA Medical Center** (VAMC, 3 months): As stated for RH above. Specialty residents also perform additional outpatient basic endoscopic procedures.

4. **University of Minnesota Medical Center** (UMMC, 3 months): As stated for RH above. Additionally, specialty residents participate in the liver transplantation program, seeing transplant patients and a patient population enriched with liver diseases.

5. **Abbott-Northwestern Hospital** (AB-NW, 3 months): As stated for RH above. Additionally, specialty residents participate in longitudinal outpatient clinics, which focus on patients with IBD and patients with chronic viral hepatitis. They also participate in an active GI motility lab, performing motility studies and reviewing teaching cases.

Evaluation: E-Value criteria for patient care, professionalism and ethics, and procedural competency, as evaluated quarterly by supervising mentors.

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**Year 2** (consisting of 6-12 months of research experience, with the remainder being more advanced clinical and procedural practice):

**Research:**
1. To train specialty residents in the fundamentals and practice of the experimental method and scientific studies in broad areas of medicine
2. To offer a wide variety of research opportunities, to meet the need of individual specialty residents for their future careers

**Goals and objectives of individual research training sites:**

1. **UMMC:** Research opportunities include a variety of basic science labs, with a focus on molecular biology and clinical outcomes projects. Course work towards a degree in outcomes research (MS) is available.
2. **VAMC:** Research opportunities include several basic science labs, having a focus on physiologic studies and molecular mechanisms, hepatitis C clinical studies, and outcomes research.
3. **HCMC:** Research opportunities include studies of therapeutic endoscopy and outcomes studies of advanced procedures, such as EUS.

**Clinical:**
1. To offer opportunities for additional clinical care and procedures, as in Year 1
2. To introduce advanced endoscopic procedures, including diagnostic and therapeutic ERCP and EUS

All training sites offer similar basic opportunities:
1. RH also offers ERCP training
2. HCMC offers ERCP and EUS training
3. VAMC offers ERCP and EUS training
4. UMMC offers liver transplant/hepatology training
5. ABNW offers additional clinical IBD and motility training

Evaluation: Continuous monitoring and evaluation of research progress is provided in written narrative by the research mentor; A scholarly product from the research effort (publication, abstract, formal presentation, etc) is expected and will be reviewed by the GI Executive Committee and the faculty. Clinical work during this year is evaluated by the E*Value system, or by advanced procedure mentors who supervise these procedures.

Year 3 (consisting of additional clinical and procedural work for most specialty residents, but allows up to six additional months of research experience to meet the individual resident's needs):

1. To provide additional cognitive clinical experience in gastroenterology practice, primarily using inpatient consult services
2. To provide additional procedural experience with both basic and advanced endoscopic procedures

Goals and objectives for individual training sites:

1. Similar to the format of Year 1
2. HCMC, RH, and VAMC offer extensive ERCP training for specialty residents interested in this
3. HCMC offers EUS experience for interested residents

Evaluation: Using E-Value, as per Year 1. Research and advanced procedure work in the third year is evaluated as per Year 2.