

GASTROENTEROLOGY WARD ROTATION GOALS AND OBJECTIVES

During the Gastroenterology Ward rotation, the resident will achieve the following in their role as:

A. Medical Expert

1. Formulate a problem list and a reasonable differential diagnosis of the presenting problem based on history and physical exam.
2. Recognise typical x-ray features of important gastrointestinal diseases such as mechanical bowel obstruction versus ileus, esophageal stricture, achalasia, peptic ulcer, esophageal and gastric cancer, diverticulosis, colon cancer and classic features of inflammatory bowel disease.
3. Discuss the significance of the more common physical abnormalities related to diseases of the gastrointestinal system.
4. Perform under supervision a diagnostic paracentesis.
5. Perform a nasogastric intubation and irrigation.
6. Assess the volume status of a patient presenting with severe diarrhoea or gastrointestinal hemorrhage and institute appropriate fluid or blood replacement therapy.
7. Demonstrate a general knowledge of the indications, limitations, and major complications of various invasive gastrointestinal procedures (e.g. liver biopsy, endoscopy, ERCP, esophageal motility studies, etc).
8. Outline the indications as well as the limitations and complications of various radiological investigations of the gastrointestinal tract.
9. Demonstrate general knowledge of the pathophysiology, clinical presentation, methods of diagnosis, and the management of diagnoses listed in Appendix A.

B. Communicator

1. Appreciate the importance of effective and clear communication with patients and involved family members.
2. Demonstrate effective verbal and written communication skills.

C. Collaborator

1. Foster respect for and appreciation of the importance of communication with allied health care workers and referring physicians in the care of patients.

D. Manager

1. Propose, based on the differential diagnosis, a cost-effective investigative strategy that would aid in establishing the diagnosis.

E. Health Advocate

1. Appreciate patient autonomy and the religious, ethnic and psychosocial factors which influence the doctor-patient relationship and to take such factors into account when pursuing problems and understanding patient decisions.

F. Scholar

1. Recognize the requirement for self-assessment, and the critical role of self-directed learning and continuing medical education.
2. Appreciate the importance of critical appraisal of the literature and the application of the literature in patient care.

G. Professional

1. Recognize the pivotal role played by physicians in the health care system. He/she should embrace attitudes conducive to effective doctor-patient/family, and doctor-allied health care worker relationships.
2. Recognize the role of biomedical ethics in medicine including clinical practice, teaching, and research.

Appendix A

1. Oropharyngeal swallowing disorders
2. Gastroesophageal reflux disease
3. Esophageal motor disorders, e.g. achalasia, diffuse esophageal spasm and scleroderma
4. Peptic ulcer disease
5. Functional (nonulcer) dyspepsia
6. NSAID Gastropathy
7. Acute gastrointestinal haemorrhage (upper and lower)
8. Acute and chronic pancreatitis
9. Major causes of malabsorption – e.g. celiac sprue, chronic pancreatic insufficiency
10. Crohn's disease
11. Ulcerative colitis
12. Diverticular disease
13. Irritable bowel syndrome
14. Common hepatobiliary diseases and their complications, eg. gallstones, acute cholecystitis, acute and chronic hepatitis, chronic cholestasis, cirrhosis
15. Ascites - differential diagnosis and management
16. Gastrointestinal malignancies