

**Name of rotation:** Biliary Service  
University Hospital  
VA Hospital

**Course director:** Peter Darwin, MD

**General description of the rotation including educational purpose, rationale or value:**

Consultation services provided by the Biliary Consultation Team include inpatient units and some outpatient departments. At University Hospital, these include general inpatient units and ICU, Shock Trauma, Emergency Department, outpatient consultation for Maryland Department of Corrections institutions, and outpatient consultation for urgent problems in Cancer Center (UMGCC) patients. At the VA Hospital these include general inpatient units and ICU and Urgent Care Services. The consult team consists of the attending physician and at least one fellow. Residents and students rotating on the general GI consult service may be involved.. Fellows provide consultative services for a broad variety of illnesses relating to the biliary tract under the guidance of full-time faculty. Through the use of patient care rounds, teaching rounds led by the attending, and individual discussions, fellows learn the basic and advanced clinical skills necessary for management of diseases of the biliary tract. Emphasis is placed on cost containment, medical ethics, and preventive medicine when applicable. Fellows are encouraged to use computer applications to obtain current citations to answer their questions about disease processes and clinical management. Providing patient care in this array of settings, the gastroenterology fellow will attain familiarity with both acute and chronic issues that necessitate input from a gastrointestinal specialist for biliary tract diseases.

Consultative and teaching rounds are held five days a week. Daily rounds will cover all patients in need of initial or follow-up evaluation. The method of teaching will be a combination of didactic teaching about specific diseases during attending rounds, bedside teaching during the examination of the patients on rounds, and procedural teaching. In addition, regular reviews of the literature regarding topics under discussion will be brought to rounds. The patients will be seen and examined by the attending in the company of the gastroenterology fellow as well as students and residents. All pertinent radiologic studies and laboratory data will be reviewed. Initial notes and progress notes will be prepared by the fellow and the attending of record and will reflect the careful assessment by the team. Global assessment, state of the art practice, and appropriate overview of numerous psychosocial factors as well as preventative aspects of care of the patient with biliary tract disease will be highlighted. For outpatients undergoing ERCP procedures, the team will discuss the history and physical exam, radiologic studies, and indication/techniques prior to the procedure. After the procedure, the findings of the exam plus appropriate management will be discussed and documented in the procedure report.

**Fellow responsibilities:**

The fellow is the leader of the consultation service and is expected to function as supervisor of all members of the team and guide clinical care of the patient and the educational development of the residents and students on the rotation. Fellows serve as consultants, providing guidance and recommendations for all patients on the consult service. This includes a complete initial history and physical examination and daily progress notes Monday through

Friday (or supervision of same if performed by rotating resident or student), documentation of all procedures, and teaching of residents and students. For outpatients, fellows are expected to review the medical record in advance and evaluate the patient prior to the procedure. For all patients, fellows assist in the procedure and create the procedure report. All fellows are expected to attend case conference, core curriculum conference, research conference, journal club, and grand rounds.

**Educational objectives:** An expanded version of the competencies is listed under Core Competencies in Gastroenterology. Those listed here are specific to this rotation.

**During this rotation, the F-2 fellow will:**

**Patient Care**

1. Expand knowledge base in the use of ERCP in gastroenterology per specialty-specific objectives.
2. Develop increasing independence in patient evaluation and management.
3. Supervise residents and students in their daily patient care, overseeing all evaluations and management.
4. Develop skills in communicating with consulting physicians, patients and hospital staff.

**Medical Knowledge**

1. Expand knowledge base in gastroenterology per specialty-specific objectives.
2. Learn key guidelines and evidence based medical approaches to work-up and treatment for an array of clinical gastrointestinal diseases.
3. Develop skills in ERCP.
4. Develop skills in evaluating indications, contraindications, and complications of endoscopic procedures.

**Practice-based Learning**

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
2. Lead team discussion and review key literature pertinent to cases on the team.

**Interpersonal and Communication Skills** – see master list for these competencies

1. Enhance their interpersonal, leadership, and teaching skills.

**Professionalism** – see master list for these competencies

**System-Based Practice**

1. Practice cost-effective health care and resource allocation that does not compromise quality of care
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through discussions and conferences as needed.
4. Facilitate the learning of students, residents, and other health care professionals.

**During this rotation, the F-3 fellow will:**

**Patient Care**

1. Expand knowledge base in the use of ERCP in gastroenterology per specialty-specific objectives.
2. Evaluate and manage patients in an independent fashion.

- Supervise residents and students in their daily patient care, overseeing all evaluations and management.

**Medical Knowledge**

- Identify deficits and consolidate knowledge base in gastroenterology per specialty-specific objectives.
- Perform ERCP in an independent fashion.
- Refine skills in evaluating indications, contraindications, and complications of endoscopic procedures.

**Practice-based Learning**

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
- Lead team discussion and review key literature pertinent to cases on the team.

**Interpersonal and Communication Skills** – see master list for these competencies

**Professionalism** – see master list for these competencies

**System-Based Practice**

- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities.
- Partner with health care managers and health care providers to assess, coordinate, and improve health care through discussions and conferences as needed.
- Facilitate the learning of students, residents, and other health care professionals.

**Check all principal teaching methods used during this rotation:**

X	Attending teaching rounds		Interdisciplinary rounds
X	Patient management discussions		Small group discussions
X	Conferences	X	Bedside clinical rounds
X	Individual instruction of procedures	X	Review of diagnostic studies, including radiology
	Other:		

**Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures, and services:**

Fellows care for patients with a broad mix of gastrointestinal illnesses. The service attending is the consulting physician of record for patients without a designated gastroenterologist. The consult attending teaches on all patients. Clinical encounters include bedside rounds, work rounds, attending rounds, and clinical evaluation and supervision by fellows. Procedures are done by fellows under the direct guidance and supervision of attending physicians.

**Check the principal ancillary educational materials used:**

	Reading lists	X	Pathologic material
X	Radiologic studies	X	Other noninvasive studies
	Handouts on relevant topics	X	Articles from the literature
	Other:		Case studies

**Methods used to evaluate the fellow and the rotation:**

X	Evaluation of fellow performance and professionalism
X	Evaluation of attending teaching skills and other attributes
X	Rotation assessment by fellow
X	Observation of fellow's clinical competency
X	Observation of fellow's leadership and teaching skills
X	Review of the fellow's history/physical exam, progress notes, and documentation of procedures
X	Fellow's attendance of rounds and conferences monitored
	Other:

**Identify strengths and limitations specific to the resources of the sponsoring institution:**

The hospitals strengthen this rotation by providing supportive ancillary services including phlebotomy, augmented unit clerk activities in the endoscopy unit, and patient transport for procedures. The computer system facilitates access to clinical laboratory and radiological data, medications, and nutrition.

**Conferences or Attending/Patient Care Rounds**

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Clinical Case Conference	VA	Monday	4:30 pm
Core Curriculum Conference	UMH	Tuesday	8:00 am
Journal club	UMH	Tuesday	12:30 pm
Research conference	UMH	Tuesday	12:30 pm
GI Grand Rounds	UMH	Wednesday	4:30 pm

Updated: June 2008