



**Elective Gastroenterology**

NGMC- Family Medicine Residency Program  
Gainesville, Ga

**PGY: 1, 2, 3 Elective**

**Description of Rotation:**

This is a four-week block Gastroenterology experience with direct supervision by board certified Gastroenterologist and Pediatric Gastroenterologists. Supplemental longitudinal learning in the FMP supervised by Family Physician Faculty is also expected. This portion of the curriculum is designed to provide residents with the skills and expertise expected of family physicians with active practices involving the GI tract. This rotation will provide a concentrated experience in the care of patients with gastrointestinal disorders and will be an intensive experience in this area.

**Overall Goal of Gastroenterology Rotation:**

To gain knowledge and skill in the diagnosis and management of a broad range of disorders of the gastroenterological system. Residents will develop the clinical skills of data collection including history taking, physical examination, and the appropriate request of laboratory and imaging studies. While on this rotation, residents will learn the performance and/or interpretation of diagnostic tests and therapeutic procedures common in the practice of Gastroenterology. Residents are expected to review the typical radiographic, endoscopic, and laboratory features of common gastroenterological diseases and recognize the need for appropriate Gastroenterology consultation.

**Rotation Location(s):** Gastroenterology Associates of Gainesville      Gastro Health for Kids  
2324 Limestone Overlook Pkwy      1208 Sherwood Park Dr, Suite A  
Gainesville, GA 30501      Gainesville, GA 30501

NGPG Gainesville Family Medicine  
1439 Jesse Jewell Pkwy Ste 102  
Gainesville, GA 30501

**Preceptor(s):** Sheraj Jacob, MD      Ritu Walia, MD

**Sample PGY 2 Rotation Schedule**

M	T	W	TH	F	Sat	Sun
GI Office	FM Clinic	FM Clinic	GI Office	GI Office	Call two weekends a month	Call two weekends a month
GI Office	FM Clinic	Didactic Half Day	GI Office	GI Office	Call two weekends a month	Call two weekends a month

<b>Patient Care:</b>	
PGY level	By the end of the rotation, the resident will:
1-3	Produce a history for patients with gastrointestinal complaints and disorders (PC2/3/4)
1-3	Perform a complete physical examination for patients with gastrointestinal complaints and disorders (PC2/3/4)
1-3	Evaluate and treat common gastrointestinal disorders including gastro-esophageal reflux disease, dyspepsia, ulcer disease, diarrhea, constipation, inflammatory bowel disease, irritable bowel syndrome, hemorrhoidal disease, gastrointestinal bleeding, gastrointestinal cancers, biliary tract disease, and liver disease (PC-2/3)



1-3	Integrate procedural abilities regarding lower endoscopy (PC-5)
1-3	Develop an understanding of the utility of consultative services for gastrointestinal patients (PC-5/3)
1-3	Create an understanding of what multidisciplinary services are useful to gastrointestinal patients (PC-5/3)
1-3	Propose screening recommendations for gastrointestinal diseases-especially colon cancer (PC1/)

<b>Medical Knowledge Objectives and Competencies:</b>	
PGY level	By the end of the rotation, the resident will:
1-3	Analyze normal anatomy and physiology of the gastrointestinal system. Develop an understanding of the pathophysiology, presentation, physical findings, laboratory findings and treatments of the common GI disorders (MK-1/2)

<b>Interpersonal and Communication Skills:</b>	
PGY level	By the end of the rotation, the resident will:
1-3	Develop rapport and builds therapeutic relationships with patients (ICS-1)
1-3	Communicate effectively with patients and families. (ICS-1)
1-3	Communicate effectively with physician colleagues at all levels (ICS-2)
1-3	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. (ICS-2)
1-3	Present information concisely and clearly both verbally and in writing on patients. (ICS-3)

<b>Systems Based Practice Objectives and Competencies:</b>	
PGY level	By the end of the rotation, the resident will:
1-3	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-2)
1-3	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-2)
1-3	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. (SBP-2)
1-3	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-2)
1-3	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, social workers, case managers, and providers of home health services to advocate for patients (SBP-2/4)
1-3	Knowing when and how to refer patients to specialists, and how best to utilize the advice provided. (SBP-2)

<b>Practice Based Learning and Improvement Objectives and Competencies:</b>	
PGY level	By the end of the rotation, the resident will:
1-3	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine (PBLI-1)
1-3	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2)
1-3	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI-2);



<b>Professionalism Objectives and Competencies:</b>	
PGY level	By the end of the rotation, the resident will:
1-3	Acceptance of professional responsibility as the primary care physician for patients under his/her care (PROF-2)
1-3	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes (PROF-2)
1-3	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures (PROF-1);
1-3	Understand ethical concepts of confidentiality, consent, autonomy and justice. (PROF-1)
1-3	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-1)

<b>Additional Osteopathic Objectives and Competencies:</b>	
By the end of the rotation/residency:	
<ul style="list-style-type: none"> <li>• Perform an accurate and complete structural and physical exam including somatic dysfunction (PC1)</li> <li>• Be able to independently apply direct and indirect OMT to the clinical scenario that is presented (PC2)</li> <li>• Integrate knowledge of anatomy, physiology, and pharmacology with osteopathic assessment models (biomechanical, neurology, behavioral, etc. (MK1)</li> <li>• Apply the Tenets of Osteopathic Medicine in the development of patient treatment plan and patient presentations that emphasizes:               <ul style="list-style-type: none"> <li>○ “1. The body is a unit; the person is a unit of body, mind, and spirit.</li> <li>○ 2. The body is capable of self-regulation, self-healing, and health maintenance.</li> <li>○ 3. Structure and function are reciprocally interrelated.</li> <li>○ 4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.” (MK2)</li> </ul> </li> <li>• Document and apply appropriate billing and coding to their patient encounters according to level of complexity and modifiers for procedures such as OMT and injections. (SBP3)</li> <li>• Utilize OMM continuity clinic to foster continuity of care and the development of meaningful patient relationships. (ISC1)</li> </ul>	

<b>Teaching Methods</b>	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	
<b>Research Scholarly requirement: (refer to scholarly activity or discuss and we will add)</b>	
Patient Oriented Point of Care Research	GI rounds- Present Case

<b>Procedures/Skills Taught (PC5)</b>	
Paracentesis	Endoscopy
Nasogastric Intubation	Colonoscopy
Flexible Sigmoidoscopy	

<b>Supervision/Evaluation:</b>
Resident will work one-on-one and be supervised by board certified gastroenterologist. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.



Assessment Methods	
Direct Observation	Procedure evaluation
End of Rotation Evaluation	Chart Review
Case Log	Procedure Log

EPA's
(EPA 2) Care for patients and families in multiple settings (PC 1, 2, 3, 4)
(EPA 6) Evaluate and manage undifferentiated symptoms and complex conditions (PC 4)
(EPA 7) Diagnose and manage chronic medical conditions and multiple co-morbidities (PC 3,4)
(EPA 9) Diagnose and manage acute illness and injury (PCL 1)

Resources: Required Reading	
<i>GERD</i>	<a href="https://www.aafp.org/afp/2015/1015/p705.html">https://www.aafp.org/afp/2015/1015/p705.html</a>
<i>Gas, Bloating, &amp; Belching</i>	<a href="https://www.aafp.org/afp/2019/0301/p301.html">https://www.aafp.org/afp/2019/0301/p301.html</a>
<i>PUD</i>	<a href="https://www.aafp.org/afp/2015/0215/p236.html">https://www.aafp.org/afp/2015/0215/p236.html</a>
<i>Acute Diarrhea in Adults</i>	<a href="https://www.aafp.org/afp/2014/0201/p180.html">https://www.aafp.org/afp/2014/0201/p180.html</a>
<i>Constipation</i>	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3531555/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3531555/</a>
<i>Crohn's Disease</i>	<a href="https://www.aafp.org/afp/2018/1201/p661.html">https://www.aafp.org/afp/2018/1201/p661.html</a>
<i>Ulcerative Colitis</i>	<a href="https://www.aafp.org/afp/2013/0515/p699.html">https://www.aafp.org/afp/2013/0515/p699.html</a>
<i>IBS</i>	<a href="https://www.aafp.org/afp/2012/0901/p419.html">https://www.aafp.org/afp/2012/0901/p419.html</a>
<i>Hemorrhoids</i>	<a href="https://www.aafp.org/afp/2018/0201/p172.html">https://www.aafp.org/afp/2018/0201/p172.html</a>
<i>Colon Cancer</i>	<a href="https://www.aafp.org/afp/2018/0515/p658.html">https://www.aafp.org/afp/2018/0515/p658.html</a>
<i>Cholelithiasis</i>	<a href="https://www.aafp.org/afp/2018/0515/p658.html">https://www.aafp.org/afp/2018/0515/p658.html</a>
<i>Pancreatitis</i>	<a href="https://www.aafp.org/afp/2014/1101/p632.html">https://www.aafp.org/afp/2014/1101/p632.html</a>
<i>Liver Disease</i>	<a href="https://www.aafp.org/afp/2017/1201/p709.html">https://www.aafp.org/afp/2017/1201/p709.html</a>

Additional Osteopathic Curricular Elements	
Osteopathic Considerations in the Gastroenterology Patient	<b>SDOFM 2<sup>nd</sup> edition</b> <ul style="list-style-type: none"> <li>• Chapter 28 – Gastrointestinal Problems               <ul style="list-style-type: none"> <li>○ Read pages 308-316</li> <li>○ View 4 linked videos</li> <li>○ View PowerPoint on Gastrointestinal Problems</li> </ul> </li> </ul>
Colitis	<b>OMT Video Library</b> <ul style="list-style-type: none"> <li>• View videos under Colitis</li> </ul>
GERD	<b>OMT Video Library</b> <ul style="list-style-type: none"> <li>• View videos under GERD</li> </ul>
Constipation	<b>OMT Video Library</b> <ul style="list-style-type: none"> <li>• View videos under <i>Constipation</i></li> </ul>



IBS	<b>OMT Video Library</b> <ul style="list-style-type: none"><li>View videos under <i>IBS</i></li></ul>
Peptic Ulcer Disease	<b>OMT Video Library</b> <ul style="list-style-type: none"><li>View videos under <i>Peptic Ulcer Disease</i></li></ul>
Osteopathic Foundations in Care of Gastroenterology Patients	<b>Foundations of Osteopathic Medicine fourth edition</b> <ul style="list-style-type: none"><li>Read pgs. 244-254 (Review pgs. 221-231) Autonomics</li><li>Review pgs. 763-782 (Viscero-somatic reflexes, SS reflexes, Jones Tenderpoints Trigger points and Chapman's points)</li><li>Read pgs. 1169-1183 (Considerations in General Internal Medicine)</li></ul>
Seminal Articles	<ul style="list-style-type: none"><li>Brugman, Rebecca, Kylie Fitzgerald, and Gary Fryer. <i>The effect of Osteopathic Treatment on Chronic Constipation – A Pilot Study. International Journal of Osteopathic Medicine.</i> 2010;13(1):17-23.</li><li>Tarsuslu Tülay, Hüseyinb Bol, Ibrahim Engin Şimşek, İmran Erkanat Toylan, and Sabahat Çam. <i>The Effects of Osteopathic Treatment on Constipation in Children With Cerebral Palsy: A Pilot Study. Journal of Manipulative and Physiological Therapeutics.</i> 2009;32(8):648-653.</li><li>Müller, Axel, Helge Franke, Karl-Ludwig Resch and Gary Fryer. <i>Effectiveness of Osteopathic Manipulative Therapy for Managing Symptoms of Irritable Bowel Syndrome: A Systematic Review. The Journal of the American Osteopathic Association.</i> 2014;114(6):470-479.</li><li>Eguaras, Nuria, Elena Sonsoles Rodríguez-López, Olga Lopez-Dicastillo, M. Ángeles Franco-Sierra, François Ricard and Ángel Oliva-Pascual-Vaca. <i>Effects of Osteopathic Visceral Treatment in Patients with Gastroesophageal Reflux: A Randomized Controlled Trial. Journal of Clinical Medicine.</i> 2019;8:1738</li></ul>