

Name of Fellow:

Date:

10. EPA Title: Manage common GI infections in non-immunosuppressed and immunocompromised populations

Detailed Description: Gastroenterologists must understand the pathogenic entities that cause infections of the upper and lower GI tract including infectious diarrhea. Particular skill and attention are required to recognize that populations of patients, such as those who are immunocompromised or pharmacologically immunosuppressed, may have different susceptibilities to enteric pathogens.

Knowledge	<ul style="list-style-type: none"> • Describe the mechanism of action of infectious agents that cause inflammatory diarrhea • Identify the molecular mechanism of organisms that cause secretory diarrhea • Describe the constituents of the mucosal defense system (including the mucosal immune system and epithelial barrier) • Identify the components of the normal microbiome • Recognize risk factors for and clinical presentation of bacteria, parasites, viruses and other gastrointestinal pathogens including those related to chemotherapy and other immunocompromised states not directly related to the bowel (e.g. Graft vs Host Disease). • Describe the indications and contraindications for antimicrobial therapy and risk of antibiotic associated diarrhea and esophagitis • Recognize HIV enteropathy and AIDS-related malignancies • Differentiate between infectious diarrhea and functional diarrhea • Identify the viral and fungal organisms that can cause esophagitis. 	
Skills	<ul style="list-style-type: none"> • Apply therapies for GI infections which may differ based upon region of the country or travel history • Differentiate between infectious vs. non-infectious diarrhea • Order laboratory, stool and pathologic studies necessary to diagnose infections of the luminal GI Tract in a cost effective manner • Interpret results of mucosal biopsies • Select appropriate antimicrobial therapy and determine rational treatment plan for enteric infections • Formulate preventative strategies related to upcoming travel 	
Attitudes	<ul style="list-style-type: none"> • Apply broad based differentials to immunocompetent and immunocompromised patients. • Demonstrate high standards of ethical behavior when approaching patients with infectious diseases including but not limited to HIV. • Determine rational treatment plans in a cost-effective fashion with sensitivity to the cultural and socioeconomic values of the patient. 	
Check ACGME competencies applicable to EPA		
	Patient Care (PC)	<input checked="" type="checkbox"/>
	Medical Knowledge (MK)	<input checked="" type="checkbox"/>

Systems-Based Practice (SBP)	<input checked="" type="checkbox"/>
Practice-Based Learning & Improvement (PBLI)	<input type="checkbox"/>
Professionalism (PROF)	<input checked="" type="checkbox"/>
Interpersonal & Communication Skills (ICS)	<input type="checkbox"/>

What subcompetencies are needed to achieve mastery?	Approximate Time Frame Trainee Should Achieve Stage
Patient Care (PC):	
• Manages patients with progressive responsibility and independence. (PC3)	
• Requests and provides consultative care. (PC5)	
Medical Knowledge (MK):	
• Possesses Clinical knowledge (MK1)	
• Knowledge of diagnostic testing and procedures. (MK2)	
Systems-Based Practice (SBP):	
• Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care. (SBP3)	
•	
Practice-Based Learning & Improvement (PBLI):	
•	
•	
Professionalism (PROF):	
• Exhibits integrity and ethical behavior in professional conduct. (PROF4)	
•	
Interpersonal & Communication Skills (ICS):	
•	
•	

Stage of training at which supervision level 4 is expected to be reached:	
--	--

Potential information sources/assessments to gauge progress	
Chart stimulated recall.....	<input checked="" type="checkbox"/>
Chart audits.....	<input checked="" type="checkbox"/>
Direct observations.....	<input checked="" type="checkbox"/>
Standardized patient.....	<input type="checkbox"/>
In-training examination.....	<input checked="" type="checkbox"/>
360 Global Rating.....	<input checked="" type="checkbox"/>
Patient Survey.....	<input checked="" type="checkbox"/>
Simulation.....	<input type="checkbox"/>
Portfolios.....	<input type="checkbox"/>
Other.....	

Basis for formal entrustment decision by the Clinical Competency Committee:

Program director.....

Faculty.....

Other.....

Implications of entrustment for the trainee: Entrustment affirms the fellow's ability to diagnose and manage patients with infections of the gastrointestinal tract in both the inpatient and outpatient environments. Entrustment indicates that the fellow is ready for unsupervised practice of this activity in accordance with program policy.

The gastroenterology and hepatology professional societies recognize the incongruence between the theoretical implications of entrustment and the medico-legal and regulatory limitations of practicing without supervision within a training program. Continued learning even after entrustment is achieved is recognized as having value. Therefore, the implications of entrustment can vary per individual program, and may include additional teaching and leadership roles and responsibilities, but importantly can individualize further training by focusing on EPAs not yet achieved.