

Name of Fellow:

Date:

11. EPA Title: Identify and manage patients with noninfectious GI luminal disease

Detailed Description: Gastroenterologists diagnose and manage patients with inflammatory bowel disease and other noninfectious luminal disease. To effectively manage patients with these conditions, the gastroenterologist requires a close relationship with a health care team that includes nutrition, colorectal surgery, radiology, pathology, etc. The gastroenterologist should be able to formulate an assessment and plan that leads to the successful diagnosis of IBD, microscopic colitis, celiac disease, etc. and, once the diagnosis is made, begin an evidence-based treatment approach, including monitoring of therapy.

Knowledge	<ul style="list-style-type: none">• Describe and recognize the extraintestinal manifestations of GI disorders including ophthalmologic, musculoskeletal, dermatologic, hepatic, etc. and how to recognize them• List the classes of immunomodulatory agents used in the treatment of noninfectious GI luminal disease, including evaluation of patients prior to initiating treatment (testing) and monitoring of these agents, and recognize the short- and long-term drug- or class-specific complications of the various agents used in the treatment of IBD and microscopic colitis• Summarize the guidelines for immunizations in patients receiving immunomodulator therapy• Summarize the guidelines for colorectal cancer surveillance in patients with chronic colitis• Recognize when referral to colorectal surgery is necessary for management of a patient with IBD, including anorectal disease, complex luminal disease, and dysplasia• Recognize when patients meet criteria for inpatient management of IBD, including ability to list indicators of severe disease, and describe how inpatient treatment differs from outpatient management• Recognize infections relevant to the IBD population and the role this infection plays in the management of such patients• Outline guidelines for treatment of IBD during pregnancy• List criteria for diagnosis of celiac disease, autoimmune enteropathy, etc.
Skills	<ul style="list-style-type: none">• Perform a careful history and physical examination and be able to order appropriate diagnostic tests in a logical and cost-conscious sequence to diagnose inflammatory GI conditions or to assess disease activity of known inflammatory conditions• Manage immunosuppressive medications including biologic agent and monitor and adjust medication dosages based on laboratory testing and patient response to therapy• Order diagnostic testing (including endoscopy) appropriately in the management of patients with any of the above conditions• Work effectively with the Primary Care team to manage immunizations and

	<p>other health maintenance requirements including bone density assessments, vitamin deficiencies, smoking cessation, cancer screening, etc.</p> <ul style="list-style-type: none"> • Manage an inpatient with IBD including appropriate diagnostic testing, initiation of therapy, and communication with other members of the inpatient health care team • Incorporate appropriate colorectal cancer surveillance strategies into the long-term management of patients with chronic colitis • Communicate the risk, benefits and alternatives of treatment options to patients and members of the health care team
Attitudes	<ul style="list-style-type: none"> • Work with a multidisciplinary team to deliver comprehensive care for patients with chronic GI conditions; this could include pathology, radiology, nutrition, rheumatology, colorectal surgery, and the primary care physician, among others • Recognize and understand the psychological consequences of dealing with a chronic illness and know when to intervene or refer to a specialist for further care • Anticipate the needs of patients including support groups (e.g., for patients with ostomy, celiac disease, ileal pouch, etc.)

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 type="checkbox"/>
Interpersonal & Communication Skills (ICS)	<input checked="" type="checkbox"/>

What subcompetencies are needed to achieve mastery?

Approximate Time Frame Trainee Should Achieve Stage

Patient Care (PC):

- Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)
- Manages patients with progressive responsibility and independence. (PC3)

Medical Knowledge (MK):

- Possesses Clinical knowledge. (MK1)
- Knowledge of diagnostic testing and procedures. (MK2)

Systems-Based Practice (SBP):

- Works effectively within an interprofessional team (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (SPB1)
- Transitions patients effectively within and across health delivery systems. (SPB4)

Practice-Based Learning & Improvement (PBLI):	
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Professionalism (PROF):	
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Interpersonal & Communication Skills (ICS):	
• Communicates effectively with patients and caregivers. (ICS1)	
• Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (ICS2)	

Stage of training at which supervision level 4 is expected to be reached:	
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Potential information sources/assessments to gauge progress	
Chart stimulated recall.....	<input type="checkbox"/>
Chart audits.....	<input checked="" type="checkbox"/>
Direct observations.....	<input checked="" type="checkbox"/>
Standardized patient.....	<input checked="" type="checkbox"/>
In-training examination.....	<input checked="" type="checkbox"/>
360 Global Rating.....	<input checked="" type="checkbox"/>
Patient Survey.....	<input type="checkbox"/>
Simulation.....	<input type="checkbox"/>
Portfolios.....	<input type="checkbox"/>
Other.....	

Basis for formal entrustment decision by the Clinical Competency Committee:	
Program director.....	<input checked="" type="checkbox"/>
Faculty.....	<input checked="" type="checkbox"/>
Other.....	

Implications of entrustment for the trainee: 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.