

Name of Fellow:

Date:

12. EPA Title: Manage common GI and liver malignancies, and associated extraintestinal cancers

Detailed Description: Gastroenterologists screen, diagnose, and manage patients with GI and liver malignancies. In addition, they also manage patients with complications from the treatment of malignancies involving other systems related to side effects from chemotherapy, radiation therapy, and bone marrow transplantation. At the completion of fellowship training a gastroenterologist should be able to diagnose malignancies of the GI tract and hepatobiliary system. They should be able to discuss and offer appropriate screening tests for GI and liver malignancies, treat complications associated with these malignancies, and those related to the treatment of malignancies. The gastroenterologist should be able to work within a team of providers and extenders to provide care to the patient with GI or liver malignancy. The fellow should also be exposed to all appropriate endoscopic tools while providing this care.

Knowledge	<ul style="list-style-type: none">• Identify cancer epidemiology, primary prevention, and screening for GI and liver malignancies.• Cite the recommended guidelines for screening for gastrointestinal and liver neoplasia and the literature supporting these recommendations.• Identify the appropriate surveillance and surveillance intervals for patients at high risk for developing cancer and those in whom premalignant epithelium has already been detected.• Describe clinical genetics related to GI and liver malignancies and the approaches to the genetic diagnosis of FAP, HNPCC, and other rarer polyposis syndromes.• Define the initial management of patients with newly diagnosed gastrointestinal or liver cancer.• Recall the prognoses associated with different types of gastrointestinal and liver cancer.• Describe the principles of neoplastic growth as they relate to therapy, including endoscopic treatment as well as traditional surgical approaches.• Cite the principles and importance of genetic counseling as it pertains to genetic testing and the management of the inherited gastrointestinal and liver diseases.• Identify patients at high risk for luminal obstruction secondary to malignancy.
Skills	<ul style="list-style-type: none">• Perform a careful history and physical examination identifying features related to GI and liver malignancies.• Order appropriate tests in a cost-conscious sequence for the diagnosis, screening, surveillance, and staging of GI/liver malignancies.• Perform basic endoscopy to diagnose and treat GI neoplasia including colonoscopic polypectomy of pedunculated and sessile polyps and ablative therapies for sessile lesions.• Demonstrate the capabilities and limitations of endoscopic therapy for early

	<p>gastrointestinal cancers.</p> <ul style="list-style-type: none"> • Determine the best management of luminal distention including radiological, surgical, and endoscopic interventions. • Counsel patients who have gastrointestinal and/or liver neoplasia and how to manage patients who inquire about the management of positive family histories of gastrointestinal or liver cancer.
Attitudes	<ul style="list-style-type: none"> • Maintain professional and ethical interactions with all healthcare providers and patients. • Work with a multidisciplinary team to provide care to patients with GI and/or liver malignancies including primary care physicians, oncologists, surgeons, pathologists, and radiologists. • Recognize and understand the psychological consequences to the family and patient with GI and/or liver malignancy • Be able to discuss with the patient and family about transitioning to palliative care

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
<p>Patient Care (PC):</p> <ul style="list-style-type: none"> • Gathers and synthesizes essential and accurate information related to define each patient’s clinical problem. (PC1) • Manages patients with progressive responsibility and independence (PC3) • Demonstrates skill in performing and interpreting invasive procedures.(PC4a) • Demonstrates skill in performing and interpreting non-invasive procedures and/or testing. (PC4b) • Requests and provides consultative care (PC5) 	
<p>Medical Knowledge (MK):</p> <ul style="list-style-type: none"> • Possesses Clinical Knowledge (MK1) • Knowledge of diagnostic testing and procedures (MK2) 	
<p>Systems-Based Practice (SBP):</p> <ul style="list-style-type: none"> • Works effectively within an interprofessional team (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (SBP1) 	

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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:	
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 checked="" 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.	
<p>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.</p>	