

Name of Fellow:

Date:

6. EPA Title: Perform upper and lower endoscopic evaluation of the luminal gastrointestinal tract for screening, diagnosis, and intervention

Detailed Description: Endoscopy is a significant aspect of gastroenterology practice and gastroenterologists should be able to determine which patients are appropriate to undergo an endoscopic procedure, be able to perform a quality examination safely, and integrate the clinical presentation with the endoscopic findings in order to plan further management. Gastroenterologists must also be able to communicate endoscopic and pathological findings to the patient, family, and the referring doctor in a timely fashion.

Knowledge	<ul style="list-style-type: none">• Summarize the appropriate indications for both upper and lower endoscopy.• List specific risks of endoscopic procedures.• Define the management of antiplatelet and anticoagulant therapy related to endoscopy.• Summarize the proper use of antibiotics related to endoscopic procedures.• Summarize the endoscopic screening/surveillance guidelines for average, intermediate, and high-risk patients for colon cancer, colon polyps, inflammatory bowel disease, Barrett’s esophagus, and varices.• List the techniques utilized for removal of various lesions including flat and laterally spreading polyps.• Define potential quality metrics for endoscopic procedures including depth of insertion and adequate identification of lesions in both the upper and lower gastrointestinal tract.• Determine which lesions are best managed by submucosal injection and cap or band-assisted resection.• Recognize system errors associated with endoscopy (universal protocol, scope re-processing, specimen labeling, patient identification)
Skills	<ul style="list-style-type: none">• Obtain a thorough informed consent including a discussion of all possible outcomes• Participate in a well-informed discussion about the preparation and procedure day expectations.• Administer sedation and monitor the patient during endoscopy safely.• Communicate effectively with assistants during procedure.• Demonstrate proper use of resuscitation equipment.• Perform and document the successful intubation to the second portion of the duodenum using proper technique.• Perform and document successful intubation of the cecum and terminal ileum using proper technique.• Conduct a thorough examination of the upper and lower gastrointestinal tract and correctly identify landmarks.• Recognize both the spectrum of normal endoscopic findings as well as abnormal findings and determine the clinical relevance of these findings.• Determine the adequacy of bowel preparation for a colonoscopic evaluation.

	<ul style="list-style-type: none"> • Demonstrate adequate detection of polyps and adenomas on colonoscopy. • Determine the best management and disposition of each patient and discuss the findings with the patient, their family and other physicians in a comprehensible fashion. • Recognize and manage any complications expeditiously. • Perform endoscopic mucosal biopsy and polypectomy successfully, including pedunculated and sessile polyps, and submucosal injection when appropriate • Ensure adequate post polypectomy hemostasis. • Perform retroflexion of the gastric fundus/cardia and rectum with adequate visualization. • Perform effective endoscopic therapies (such as foreign body removal, prophylactic variceal band ligation, dilation, injection therapy, feeding tube placement, and colonic decompression) safely in the appropriate setting. • Complete timely and thorough documentation of all endoscopic procedures. • Integrate endoscopic findings with clinical presentation to formulate a diagnosis and plan of care. • Explain how patients and other providers will get pathology results and recommendations within the patient’s medical system.
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Attitudes	<ul style="list-style-type: none"> • Acquire all of the relevant medical and social history prior to the procedure. • Consider alternatives to the procedure and inform the patient and family. • Recognize the cultural and religious differences that patients may have as it pertains to endoscopy and the specific interventions associated with the procedure. • Recognize when a procedure or intervention should be aborted for the safety of the patient. • Respect gender issues that may exist with regard to the comfort/discomfort of the patient with the endoscopist. • Recognize patient and family values as part of clinical decision making • Recognize the social and ethical issues in aging, abused and other vulnerable populations. • Recognize ones own training or skill limitations in procedure planning and acknowledge that certain procedures (luminal stenting, ERCP, EUS) may require special additional training. • Review quality performance metrics and incorporate necessary changes into practice.
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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 checked="" 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):		
<ul style="list-style-type: none"> Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1) 		
<ul style="list-style-type: none"> Demonstrates skill in performing and interpreting invasive procedures. (PC4a) Demonstrates skill in performing and interpreting non-invasive procedures and/or testing (PC4b) 		
Medical Knowledge (MK):		
<ul style="list-style-type: none"> Possesses Clinical knowledge. (MK1) Knowledge of diagnostic testing and procedures. (MK2) 		
Systems-Based Practice (SBP):		
<ul style="list-style-type: none"> Recognizes system error and advocates for system improvement. (SBP2) 		
Practice-Based Learning & Improvement (PBLI):		
<ul style="list-style-type: none"> Monitors practice with a goal for improvement. (PBLI1) Learns and improves via performance audit. (PBLI2) 		
Professionalism (PROF):		
<ul style="list-style-type: none"> 		
Interpersonal & Communication Skills (ICS):		
<ul style="list-style-type: none"> Appropriate utilization and completion of health records. (ICS3) 		
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 type="checkbox"/>
Simulation.....		<input checked="" type="checkbox"/>
Portfolios.....		<input checked="" 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 a gastroenterologist has acquired the necessary skills to independently perform both upper and lower endoscopy in the inpatient as well as outpatient setting. The trainee will be entrusted to perform endoscopy safely and to ensure that the quality metrics are met for every procedure as defined by our professional societies. Actual independent practice is dependent on institutional and governmental policies.