

Name of Fellow:

Date:

7. EPA Title: Perform endoscopic procedures for the evaluation and management of gastrointestinal bleeding

Detailed Description: Gastroenterologists play a critical role in the evaluation and management of patients with gastrointestinal bleeding. Care of the patient with gastrointestinal bleeding includes initial assessment, hemodynamic resuscitation, and stabilization. Gastroenterologists should be able to determine when and which patients are appropriate to undergo endoscopic procedures that are diagnostic and potentially therapeutic. Consultants should be able to perform a quality endoscopic examination in a safe and efficient manner and should be able to perform effective endoscopic hemostasis. GI staff must also be able to communicate endoscopic findings, pathological findings, and management plans to the patient, family, and the involved health care providers in a timely fashion.

Knowledge	<ul style="list-style-type: none">• Demonstrate understanding of the principles for assessing hemodynamic status, determining the need for hemodynamic resuscitation including blood transfusion, and indications for advanced airway protection and more intensive care within the hospital• List the indications for proton pump inhibitors, somatostatin analogues, and other medical management for acute gastrointestinal bleeding• Summarize the management of antiplatelet and anticoagulant therapy in the setting of gastrointestinal bleeding• Summarize the pathophysiology and risk of variceal bleeding in liver disease with portal hypertension.• Summarize the indication and treatment options for antibiotic prophylaxis• Summarize the appropriate indications for esophagogastroduodenoscopy, colonoscopy, small bowel enteroscopy and capsule endoscopy in the evaluation of gastrointestinal bleeding• Describe specific risks of endoscopic procedures• Recognize mucosal lesions, stigmata of bleeding and other anatomical findings and know the clinical relevance of these findings• Summarize the appropriate utilization of radiological and surgical interventions in the management of gastrointestinal bleeding.• Summarize the appropriate endoscopic and medical management required for the specific endoscopic findings• Summarize the available endoscopic hemostasis techniques including electrocautery, band ligation, hemoclip placement, and injection of various hemostatic agents• Recognize complications of endoscopic procedures• List the necessary post-procedural monitoring and care of the patient
Skills	<ul style="list-style-type: none">• Obtain a detailed history and physical examination• Determine hemodynamic status• Assess and guide hemodynamic resuscitation of the patient using current guidelines• Recommend necessary medical management including proton pump

	<p>inhibitors, somatostatin analogues, prophylactic antibiotics, and transfusion of indicated blood products</p> <ul style="list-style-type: none"> • Determine whether upper or lower endoscopy (or both) is required in the setting of an active GI bleed. • Identify necessity, timing and appropriate location of endoscopic procedures • Differentiate patient presentations that are at high risk for a variceal source of hemorrhage. • Recognize indication for anesthesia assistance and appropriate airway protection for the performance of endoscopy • Demonstrate the ability to obtain a thorough informed consent including a discussion of all possible outcomes • Engage in a well informed discussion about the preparation and procedure day expectations • Assemble the necessary endoscopic equipment and devices needed during specific procedures • Administer sedation safely and effectively and monitor the patient during endoscopy • Perform appropriate upper and lower endoscopic procedures for gastrointestinal bleeding and accurately identify endoscopic findings and stigmata of bleeding • Perform the endoscopic hemostasis methods indicated for the specific endoscopic findings and recognize when hemostasis has been achieved or if further measures are necessary. • Demonstrate the ability to interpret capsule endoscopy findings in the evaluation of gastrointestinal bleeding • Communicate effectively with assistants during endoscopic procedures • Integrate endoscopic findings with clinical presentation to formulate a diagnosis and plan of care • 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 • Manage any complications expeditiously • Complete timely and thorough documentation of all endoscopic procedures
<p>Attitudes</p>	<ul style="list-style-type: none"> • Plan medical care while respecting the patient's and family's values. • Acquire all of the relevant medical and social history prior to performing endoscopic procedures • Consider alternatives to endoscopic procedures and inform the patient and family • Value the cultural and religious differences that patients may have as it pertains to endoscopy and the specific interventions associated with the procedure • Respect gender issues that may exist with regard to the comfort/discomfort of the patient with the endoscopist • Recognize when a procedure or intervention should be aborted for the safety of the patient

	<ul style="list-style-type: none"> • Work effectively with surgeons, intensivists, and radiologists as part of a multidisciplinary team. • Recognize and advise the patient, family, and medical team when intervention is futile, such as those with terminal conditions
--	---

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 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) • 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"> • 	
Practice-Based Learning & Improvement (PBLI): <ul style="list-style-type: none"> • Monitors practice with a goal for improvement. (PBLI1) 	
Professionalism (PROF): <ul style="list-style-type: none"> • 	
Interpersonal & Communication Skills (ICS): <ul style="list-style-type: none"> • Communicates effectively with patients and caregivers. (ICS1) • 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.....
- Chart audits.....
- Direct observations.....
- Standardized patient.....
- In-training examination.....
- 360 Global Rating.....
- Patient Survey.....
- Simulation.....
- Portfolios.....
- Other.....

Basis for formal entrustment decision by the Clinical Competency Committee:

- Program director.....
- Faculty.....
- Other.....

Implications of entrustment for the trainee: Entrustment indicates that a gastroenterologist has acquired the necessary skills to independently perform evaluation of, and consultation on patients with gastrointestinal bleeding. The trainee will be entrusted to perform endoscopic procedures safely for the evaluation and management of gastrointestinal bleeding. Actual independent practice is dependent on institutional and governmental policies.