

Name of Fellow:

Date:

8. EPA Title: Manage biliary disorders

Detailed Description: The diagnosis and treatment of biliary disorders constitute a significant portion of the practice of gastroenterology. At the completion of training, a GI consultant should be able to obtain diagnostic information from patient history, physical exam and studies to evaluate biliary conditions, including those related to lithiasis, inflammatory or neoplastic etiologies. The trainee who is aiming at becoming proficient in therapeutic biliary endoscopy should undergo additional training. Due to the complexity of this field of endoscopy and need for expertise, gastroenterologists should only perform procedures they have demonstrated proficiency in performing during supervised training, and should identify patients who might benefit from referral to centers of expertise. The gastroenterologist who is aiming at becoming proficient in any of the fields of advanced endoscopy such as EUS, therapeutic biliary endoscopy, etc. will need additional focused training.

Knowledge	<ul style="list-style-type: none">• Demonstrate an understanding of basic anatomy of the biliary tree and congenital structural anomalies• Describe the basic physiology of the biliary system including hormonal and neural regulation of bile flow and gallbladder function, motility of the biliary system, bile composition and secretion and its derangement in cholestatic disorders• Recognize cholelithiasis related disease including epidemiology, etiology, clinical manifestations, complications, and treatment modalities• List the various infectious conditions affecting the biliary system and differentiate those from non-infectious inflammatory conditions.• Demonstrate understanding of the current principles for the evaluation and management of common clinical syndromes including cholestasis, biliary-type pain, motility disorders, and incidental findings on radiographic testing• Summarize the indications for obtaining radiographic and endoscopic evaluation of the biliary tree and the utility of each modality for lesion recognition• List principles, utility, and complications of biliary interventional procedures• Interpret laboratory and imaging studies related to biliary disease• Recognize post-surgical biliary complications and understand appropriate and timely endoscopic intervention
Skills	<ul style="list-style-type: none">• Obtain a detailed history of biliary disorders• Perform a physical exam that identifies signs of biliary obstruction (cholestasis), inflammation and related systemic manifestations• Order and interpret appropriate labs and imaging studies to assess the biliary tree and potential obstructive pathology (transabdominal US, CT, MRI/MRCP and scintigraphy).• Identify endoscopic techniques used in the diagnosis and treatment of biliary tract diseases, including their potential risks, limitations, and costs; and the role of alternative diagnostic and therapeutic modalities• Manage acute cholangitis with antibiotics and understand timing of

	<p>interventional procedures</p> <ul style="list-style-type: none"> Recognize the indications and contraindications of ERCP and EUS, the advantages and disadvantages, complications, alternative diagnostic and therapeutic options, and interpretation of findings. Evaluate the clinical efficacy of advanced endoscopic techniques and non-endoscopic interventions, including drainage procedures. Identify and manage systemic manifestation of biliary obstruction such as jaundice and pruritus
Attitudes	<ul style="list-style-type: none"> Apply ethical principles in discussing and applying biliary evaluations and interventions including clear presentation of risks, benefits and alternatives to the various diagnostic and therapeutic options Team with diagnostic and interventional radiologists, pathologists, oncologists and surgeons in the care of the patient with biliary disorders Consider alternative palliative approaches to treatment of advanced and terminal biliary diseases Develop respect for personal choices for treatment and end of life decisions

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
<p>Patient Care (PC):</p> <ul style="list-style-type: none"> Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1) Develops and achieves comprehensive management plan for each patient. (PC2) Demonstrates skill in performing and interpreting invasive procedures.(PC4a) Demonstrates skill in performing and interpreting non-invasive procedures and/or testing. (PC4b) 	
<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) 	

- Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care. (SBP3)

Practice-Based Learning & Improvement (PBLI):

- Monitors practice with a goal for improvement. (PBLI1)

-

Professionalism (PROF):

-

-

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.....
- 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 the fellow is ready for unsupervised practice of this activity in accordance with program policy. This includes the ability to recognize when higher-level consultation is required. It is recognized that achieving proficiency in advanced endoscopy of the biliary tree requires time and continued guidance, which usually extends beyond the end of the 3rd year of training.