

ROTATION SUMMARY
GREEN TEAM

Introduction

Pediatric Gastroenterology is an integral part of pediatric training. Many GI and nutrition issues will frequently present to primary pediatricians (e.g., constipation, chronic diarrhea, abdominal pain, failure to thrive, in addition to questions about optimal infant nutrition, how to progress the diet, and to deal with feeding problems).

The pediatric gastroenterology core “Green Team” rotation provides an opportunity for the resident to develop an understanding of the pathophysiology, clinical manifestations, and management of complex common and unusual disorders of the gastrointestinal tract, liver, and pancreas. Residents participate in both the outpatient and inpatient settings, and emphasis is placed on the performance of a detailed and focused history and physical examination and the interpretation of laboratory, imaging studies, and GI procedures (e.g., upper endoscopy, colonoscopy). Following completion of the rotation, residents will be able to evaluate and manage common gastrointestinal problems in pediatric patients and recognize and initiate the initial evaluation and management of children with complex disorders that may require sub-specialty consultation.

Goals and Objectives

To develop the knowledge, skills, and attitudes to acquire competency in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice applicable to the pediatrician dealing with common gastrointestinal problems.

General Expectations

The PGY I and PGY III assigned to GI/Liver Transplant inpatient service will be responsible for the day-to-day management of all medical patients followed by the GI service and night & weekend coverage of patients followed by the GI and Liver Transplant services.

	PGY I	PGY III
Inpatient	Pre-round on all patients before Work Rounds	Supervise PGY I
	Daily progress notes	
	H&P on all new patients	H&P on all new patients if intern is unable to perform
	Write all patient care orders	Supervise order writing; help with TPN orders

Faculty Preceptors

- John Kerner, M.D.
- Dorsey Bass, M.D.
- Rachel Bensen, M.D.
- William Berquist, M.D.
- Jennifer Burgis, M.D.
- Maheen Hassan, M.D.
- Nasim Khavari, M.D., M.P.H.
- Rebecca McKenzie, M.D.
- KT Park, M.D., M.S.
- Eric Sibley, M.D., Ph.D.
- Ann Ming Yeh, M.D.

Each week, one of the above attendings and one fellow are assigned to each inpatient service (GI and Liver). For the outpatient half of green team, each attending listed above will have their own clinic day. When interns go to Santa Clara Valley Medical Center (SCVMC) for clinic, they will work with one of the following attendings:

- Chris Fink, M.D.
- Manuel Garcia, M.D.

MILESTONE-BASED GOALS AND OBJECTIVES FOR RESIDENTS

Goal 1: Differentiate between normal and pathological states related to gastroenterology.			
Resident Objectives	Instructional Strategies	Evaluation	Associated Milestones
Describe the normal eating patterns from birth through adolescence, including expected weight gain and typical feeding behaviors.	Patient care <i>Publication: 2005 AAP Breast feeding and human milk</i>	Discussion with Attending Direct Observation MedHub	MK2
Describe the normal developmental patterns in gastrointestinal development, including gastro-esophageal reflux, bowel habits, and stool color and consistency.	Patient care	Discussion with Attending Direct Observation MedHub	MK2
Explain the findings on clinical history and examination and examination that suggest gastrointestinal disease needing further evaluation and/or treatment. Such findings include symptomatic gastro-esophageal reflux, vomiting, diarrhea, constipation, abdominal pain, hematemesis, hematochezia, melena, weight loss.	Patient care <i>Publication: Recurrent Abdominal Pain</i>	Discussion with Attending Direct Observation MedHub	PC1 PC6 MK2
Goal 2: Understand the clinical presentation and management of gastro-esophageal reflux disease.			
Resident Objectives	Instructional Strategies	Evaluation	Associated Milestones
Describe the clinical presentations of GERD in neonates and children.	Patient care <i>Publication: Pediatric Gastroesophageal Reflux Clinical Practice Guidelines</i>	Discussion with Attending Direct Observation MedHub	MK2
Explain an initial medical management plan in a child with GERD.	Patient care <i>Publication: Proton Pump Inhibitors</i>	Discussion with Attending Direct Observation MedHub	PC7 MK2
Explain the indication for further workup including gastric emptying study, 24 hour pH probe, endoscopy and biopsy.	Patient care <i>Publication: Indications for pediatric esophageal pH monitoring</i>	Discussion with Attending Direct Observation MedHub	PC6 MK2
List the indications for Nissen Fundoplication.	Patient care	Discussion with Attending Direct Observation MedHub	MK2
Goal 3: Diagnose and manage vomiting.			
Resident Objectives	Instructional Strategies	Evaluation	Associated Milestones
Differentiate normal infant spitting up and functional symptomatic GER from vomiting disorders requiring evaluation and treatment.	Patient care <i>Publication: Pediatric GERD guidelines</i>	Discussion with Attending Direct Observation MedHub	PC6 MK2

Describe both common and serious disorders leading to vomiting (both intestinal and extraintestinal) and the appropriate use of lab and imaging studies to aid in the diagnosis.	Patient care	Discussion with Attending Direct Observation MedHub	PC6 MK2 SBP2
Recognize symptoms and urgently refer children with vomiting caused by intestinal obstruction.	Patient care	Discussion with Attending Direct Observation MedHub	PC1 PC2 MK2
Identify the indications for a gastroenterology consult or referral in a child with vomiting.	Patient care	Discussion with Attending Direct Observation MedHub	PC6 MK2 SBP2

Goal 4: Diagnose and manage abdominal pain.

Resident Objectives	Instructional Strategies	Evaluation	Associated Milestones
Compare the common causes of abdominal pain and describe signs and symptoms that differentiate recurrent abdominal pain from other organic causes.	Patient care	Discussion with Attending Direct Observation MedHub	PC6 MK2
Explain the key components of a complete history and physical for abdominal pain. These should include pain patterns, weight loss, complete diet history, rectal exam and age/gender dependent pelvic exam.	Patient care	Discussion with Attending Direct Observation MedHub	PC1 MK2
Counsel parents about possible behavioral and psychological sources of abdominal pain and how to handle a child with recurrent psychosomatic pain.	Patient care <i>Publication: Functional Abdominal Pain: Time to Get Together and Move Forward</i> <i>Technical Report: Chronic Abdominal Pain in Children: A Technical Report of the AAP and NASPGHAN.</i>	Discussion with Attending Direct Observation MedHub	ICS1 ICS2
Identify indicators that suggest need for gastroenterology or surgery consultation or referral for a child with abdominal pain.	Patient care	Discussion with Attending Direct Observation MedHub	SBP2
Explain lab work-up, studies, and clinical management of the following conditions which may present with abdominal pain: <ul style="list-style-type: none"> • Pancreatitis • Peptic Ulcer Disease • Constipation • Gall stones 	Patient care <i>Publication: Constipation Guidelines</i> <i>Publication: Peptic Ulcer Disease in Children</i>	Discussion with Attending Direct Observation MedHub	PC7 MK2 SBP2

Goal 5: Diagnose and manage constipation.

Resident Objectives	Instructional Strategies	Evaluation	Associated Milestones
---------------------	--------------------------	------------	-----------------------

Explain initial assessment for constipation and initial medication management options.	<i>Publication: Constipation Guidelines</i> <i>Publication: Encopresis</i>	Discussion with Attending Direct Observation MedHub	PC7 MK2
List indications for initiating Hirschsprung work-up.	Patient care	Discussion with Attending Direct Observation MedHub	PC6 MK2
Describe indications and specific orders for a clean-out.	Patient care <i>Publication: Peg v Lactulose in the treatment of constipation</i>	Discussion with Attending Direct Observation MedHub	PC6 MK2
Goal 6: Describe the following procedures, including how they work and when they should be used; competently perform those procedures in practice.			
Resident Objectives	Instructional Strategies	Evaluation	Associated Milestones
Gastric tube placement (Og/NG)	Place NG	Discussion with Attending Direct Observation MedHub	PC8
Gastrostomy tube replacement	Replace Gtube in clinic or on inpatient	Discussion with Attending Direct Observation MedHub	PC8
Colonoscopy	Observe Colonoscopy	Discussion with Attending	PC8
Esophago-gastro-duodenoscopy (EGD)	Observe EGD	Discussion with Attending	PC8
pH Probe	Review pH probe reports	Discussion with Attending	PC8
Goal 7: Understand how to practice high-quality health care and advocate for patients within the context of the health care system.			
Resident Objectives	Instructional Strategies	Evaluation	Associated Milestones
Identify key aspects of health care systems as they apply to specialty care, including the referral process, and differentiate between consultation and referral.	Patient care Discussion with Attending	Discussion with Attending	SBP2
Recognize and advocate for families who need assistance to deal with systems complexities such as the referral process, lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.	Observing Fellow and Attending Patient care	Discussion with Attending	ICS2 P4 SBP4
Recognize one's limits and those of the system; take steps to avoid medical errors.	Patient care	Discussion with Attending	PBL1 P4

Reference: Kittredge D, Baldwin CD, Bar-on ME, Beach PS, Trimm RF (Eds) (2004). *APA Educational Guidelines for Pediatric Residency*. Ambulatory Pediatric Association Website. www.ambpeds.org/eqweb.

Last updated: 8/21/2018

Descriptions of Associated Milestones (A Subset of Pediatrics Milestones to be Reported on Semi-Annually)

Patient Care (PC)	
PC1	Gather essential and accurate information about the patient.
PC2	Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient.
PC6	Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment
PC7	Develop and carry out management plans
PC8*	Prescribe and perform all medical procedures.
Medical Knowledge (MK)	
MK2	Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
Practice-Based Learning and Improvement (PBLI)	
PBLI1	Identify strengths, deficiencies, and limits in one's knowledge and expertise.
Interpersonal and Communication Skills (ICS)	
ICS1	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
ICS2	Demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions.
Professionalism (P)	
P4	A sense of duty and accountability to patients, society, and the profession.
Systems-Based Practice (SBP)	
SBP2	Coordinate patient care within the health care system relevant to their clinical specialty.
SBP4	Advocate for quality patient care and optimal patient care systems.

*The PC8 milestone is not currently reported to ACGME.