

**ROTATION SUMMARY**  
**GASTROENTEROLOGY SELECTIVE**

**Rotation Contacts and Scheduling Details**

**Rotation Director:** John Kerner, M.D.  
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**Positions Available:** In addition to the green team outpatient resident, the rotation can accommodate 1 additional resident. The rotation can be done in 2 or 4 week blocks. The Selective is appropriate for residents at any level of training and is offered all blocks during the year.

**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 selective provides an opportunity for the resident to develop an understanding of the pathophysiology, clinical manifestations and management of both common and unusual disorders of the gastrointestinal tract, liver and pancreas. Residents participate in both the outpatient and inpatient (consults only) settings and emphasis is placed on the performance of a detailed and focused history and physical examination and the interpretation of laboratory and imaging studies in children with symptoms of gastrointestinal tract, liver and pancreatic disorders. Following completion of the elective, 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.

We have established 8 half days of GI clinic to accomplish these goals. To enhance the variety of patients for residents to see, residents will attend GI clinic at Santa Clara Valley Medical Center (SCVMC) in addition to GI clinic at LPCH. Further, residents will attend GI didactic sessions such as Nutrition Support Team Rounds on Wednesday mornings to see the unique multidisciplinary team approach to nutritional care at LPCH, weekly Friday noon conference, and additional monthly sessions as schedules align. The remainder of time will be devoted to reading, inpatient consultations, and procedures.

**Rotation Specifics**

**Orientation**

Immediately after morning report, the resident will go to 750 Welch Road, Suite 116 where Dr. Kerner will orient the resident to the selective rotation.

**Clinic Overview**

GI clinic is held every morning and afternoon. Interns will be exposed to a balanced variety of outpatient management issues by the completion of the rotation. The GI Clinic operates like other traditional clinics. The resident will take the initial History and Physical then present that patient to the Attending. The Attending and resident will then see the patient together and the resident will be responsible for dictation. Residents are encouraged to keep track of the patients they see in clinic and follow-up on the outstanding laboratory results. Residents are expected to see patients with all types of diagnoses and in various stages of treatment. It is not practical nor beneficial from an educational perspective to seek out only new diagnoses. At times, depending on the flow of the clinic, residents may join the Attending to perform the visit rather than initiating the visit independently.

Updated 08/21/2018

## **Pagers**

Please carry your pager during business hours Monday through Friday during this Selective. The Faculty/Fellow may page you to participate in or perform consults.

## **Call Schedule**

There are no call or weekend responsibilities associated with this Selective unless assigned by the Residency Program.

## **Resident Roles and Responsibilities**

Residents responsibilities include, but are not limited to:

- Perform the primary patient care role including taking the initial history and physical in clinic setting and on consult patients.
- Present patients efficiently and with appropriate level of detail; takes care of associated paper work
- Perform complete and accurate dictations within 24 hours of seeing patient
- Follow up on lab results and studies on clinic patients and consults
- Attend all conferences listed on the schedule
- Attend residency morning report and noon conference

## **Evaluation and Feedback**

Residents on the GI Selective will be evaluated by the Gastroenterology Faculty via MedHub evaluations as well as direct verbal feedback.

## MILESTONE-BASED GOALS AND OBJECTIVES FOR RESIDENTS (Updated: 8/11/2014)

<b>Goal 1: Differentiate between normal and pathological states related to gastroenterology.</b>			
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
<b>Goal 2: Understand the clinical presentation and management of gastro-esophageal reflux disease.</b>			
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
<b>Goal 3: Diagnose and manage vomiting.</b>			
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	Patient care	Discussion with Attending	PC6 MK2

intestinal and extraintestinal) and the appropriate use of lab and imaging studies to aid in the diagnosis.		Direct Observation MedHub	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
<b>Goal 4: Diagnose and manage abdominal pain.</b>			
<b>Resident Objectives</b>	<b>Instructional Strategies</b>	<b>Evaluation</b>	<b>Associated Milestones</b>
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"> <li>• Pancreatitis</li> <li>• Peptic Ulcer Disease</li> <li>• Constipation</li> <li>• Gall stones</li> </ul>	Patient care <i>Publication: Constipation Guidelines</i> <i>Publication: Peptic Ulcer Disease in Children</i>	Discussion with Attending Direct Observation MedHub	PC7 MK2 SBP2
<b>Goal 5: Diagnose and manage constipation.</b>			
<b>Resident Objectives</b>	<b>Instructional Strategies</b>	<b>Evaluation</b>	<b>Associated Milestones</b>
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	PC6 MK2

		MedHub	
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
<b>Goal 6: Describe the following procedures, including how they work and when they should be sued; competently perform those procedures in practice.</b>			
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-duodeoscopy (EGD)	Observe EGD	Discussion with Attending	PC8
pH Probe	Review pH probe reports	Discussion with Attending	PC8
<b>Goal 7: Understand how to practice high-quality health care and advocate for patients within the context of the health care system.</b>			
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	PBL11 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](http://www.ambpeds.org/eqweb).

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

<b>Patient Care (PC)</b>	
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.
<b>Medical Knowledge (MK)</b>	
MK2	Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
<b>Practice-Based Learning and Improvement (PBLI)</b>	
PBLI1	Identify strengths, deficiencies, and limits in one's knowledge and expertise.
<b>Interpersonal and Communication Skills (ICS)</b>	
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.
<b>Professionalism (P)</b>	
P4	A sense of duty and accountability to patients, society, and the profession.
<b>Systems-Based Practice (SBP)</b>	
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.