GASTROENTEROLOGY TRAINING PROGRAM
CURRICULUM AND OBJECTIVES

TITLE OF PROGRAM: State University of New York Upstate Medical University, Gastroenterology Fellowship Training Program

SPONSOR: State University of New York

PARTICIPATING INSTITUTIONS: State University of New York Upstate Medical University; Veteran's Administration Medical Center at Syracuse

SUNY Upstate Medical University Mission Statement: The mission of SUNY Upstate Medical University is to improve the health of the communities we serve through education, biomedical research and patient care.

SUNY Upstate Medical University Gastroenterology Fellowship Program Mission Statement: Our Fellowship Program's primary mission is to train medical graduates to become competent clinical gastroenterologists and hepatologists, excellent teachers, mentors, and researchers.

PROGRAM DIRECTOR:
Savio John, M.D.
Associate Professor of Medicine
State University of New York
Upstate Medical University
750 East Adams Street
Syracuse, New York 13210-2339
Phone: (315) 464-5804
Fax: (315) 464-5809
http://www.upstate.edu/gi/

ASSOCIATE PROGRAM DIRECTOR:
Ganesh Aswath, M.D.
Assistant Professor of Medicine

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INTRODUCTION: The purpose of this document is to outline the subspecialty education program in gastroenterology elective rotations during the internal medicine training, sponsored by the State University of New York Upstate Medical University. It is intended as a source of general information, rather than as a legal or technical statement of any contractual relationship. If program-specific policies and/or procedures conflict with the policies and/or procedures contained in the current version of the Upstate Medical University Resident & Fellow Handbook, the policies and guidance contained within the Upstate Medical University Resident & Fellow Handbook will control and supersede any inconsistent policies and/or guidance.

Gastroenterology electives are elective rotations during the internal medicine residency, with an aim to expose the residents to the subspecialty level care when diagnosing and treating patients with illnesses of the digestive system. This rotation will also help the residents to gain knowledge to prepare for their ABIM board exams.

I. PROGRAM OUTLINE - GENERAL

A. Training in the gastroenterology elective will provide opportunities for residents to develop clinical competence in the field of gastroenterology, including exposure to hepatology, clinical nutrition, gastrointestinal oncology, radiology, and pathology. While this is a subspecialty program, training will emphasize the trainee functioning as a total academic physician, internist and consultant, with interest in the entire person and his/her environment.

B. The elective will provide the opportunity for the trainee to observe and manage patients with a wide variety of digestive disorders in outpatient and inpatient settings.

C. The training program will provide access to the basic and clinical sciences necessary to develop the knowledge base needed to care for patients with gastrointestinal and hepatic disorders.

D. The training program will teach critical analysis and reasoning relative to clinical and investigative problems in gastroenterology and consider choices in light of current cost/benefit analysis.

F. The elective will offer in-depth interaction with other disciplines such as radiology, pathology, surgery, pediatrics and nutrition. Principles of psychosomatic medicine will also be taught.

II. TEACHING STAFF

All Faculty receive training in work hour rules, moonlighting and general policy regarding Fellows' and residents' service annually. In conjunction with this training a refresher/review of fatigue recognition and management will be conducted during the annual Fellowship orientation meeting, and periodically over the academic year. Strategies for assessing learners for, and helping learners with, fatigue, triage, and stress management will be reviewed at least annually. Teaching Attendings are to attend greater than 50% of all required teaching conferences, complete all required milestone, rotation and 360° evaluations.

A. The following are the full-time key academic staff of the State University of New York Upstate Medical University Gastroenterology Fellowship Training Program:

	BOARD CERTIFIED		
	IM	GI	Hep
Ronald D. Szyjkowski, MD	C	C	
Savio John, MD	C	C	C
Ganesh Aswath, MD	C	C	
Hafiz Muzaffar A. Khan, MD	C	C	
Kelita Singh, MD	C	C	
Uma Murthy, MD	C	C	
Anand Gupta, MD	C	C	
Bishnu Sapkota, MD	C	C	
Asad Ali, MD	C	C	
Muhammad Nauman Jhandier, MD	C	C	
Ajoy Roy, MD	C	C	

IM = Internal Medicine, GI = Gastroenterology, Hep = Hepatology, C = Board Certified, E= Board Eligible

III. CONSULTANTS

Scholarly input from outside consultants, the advent of recorded talks, societal programs such as the ACG universe, and didactic material from major scholarly meetings, have allowed this function to now include prepared teaching programs. These consultants are of the highest caliber and enjoy a national and often international reputation and may, at times, be virtual. When possible, interaction will be structured to provide a close, intense, small group experience in which clinical problems are discussed in detail and questions are encouraged to maximize the learning experience.

IV. RESOURCES

A. General and Patient Population - The participating institutions and facilities for the State University of New York Upstate Medical University are the Upstate Medical University, Upstate Community Hospital, and the Veteran's Administration Medical Center at Syracuse. All facilities are tertiary care referral centers which provide staff support and material consistent with tertiary care referral hospitals. The general medical patient population is diverse and is derived from the population base living in and around the immediate Syracuse area. Upstate Medical University is the major referral center for central New York, servicing outlying facilities from the Canadian border to Pennsylvania. The Veteran's Administration Medical Center at Syracuse serves as the primary referral hospital for a variety of outlying hospitals and clinics. It is the major source for veteran's inpatient care in central New York. Additionally, patients are also referred from local military bases.

B. Physical Plant - The Gastroenterology Services at all hospitals have very modern physical facilities that provide adequate office space, as well as individual areas for each type of diagnostic and therapeutic procedures and modalities. All hospitals share the medical school's library facility, which provides an excellent selection of current gastroenterology and internal medicine textbooks and journals.

C. Inpatient Facilities - The Gastroenterology Service provides consultative services to patients who are admitted to each facility.

D. Endoscopic Facilities and Equipment - The Gastroenterology Services of all hospitals enjoy state-of-the art equipment, which permits safe and skillful performance of the latest diagnostic and therapeutic endoscopic procedures. The faculty at all institutions possess the technical expertise and access to the equipment to perform the following procedures:

	UH/CH	VAMC
Upper endoscopy	Y	Y
Colonoscopy	Y	Y
Flexible sigmoidoscopy	Y	Y
Percutaneous liver biopsy	Y	Y
Percutaneous endoscopic gastrostomy	Y	Y
ERCP:		
Diagnostic	Y	Y
Sphincterotomy	Y	Y
Balloon cholangioplasty & pancreatoplasty	Y	Y
Insertion of biliary and pancreatic stents	Y	Y
Endoscopic lithotripsy	Y	Y
Biliary manometry	Y	N
Choledochoscopy	Y	Y
Endoscopic laser therapy	Y	N
Endoscopic therapeutic Hemostasis:		
Laser	Y	N
Bicap	Y	Y
Heater probe	Y	Y
Injection sclerotherapy	Y	Y
Variceal band ligation	Y	Y
Argon plasma coagulator	Y	Y
Endoscopic ultrasound - diagnostic	Y	Y
Endoscopic ultrasound - therapeutic	Y	Y
Esophageal manometry	Y	Y
Esophageal pH studies	Y	Y
Anal rectal manometry	Y	N
Photodynamic Therapy	Y	N
Capsule Endoscopy	Y	Y
Radio Frequency Ablation	Y	Y

All institutions have fluoroscopy and x-ray equipment available for performing endoscopic procedures, requiring the assistance of fluoroscopy. Endoscopic equipment is also available for performing endoscopic procedures outside the endoscopy suites, to include those performed in various intensive care units throughout the hospitals. All facilities have endoscopic equipment, which is completely computerized and utilizing video endoscopy.

V. ROTATIONS

A. GENERAL - The residents in the gastroenterology elective will all receive training at one or all of the facilities.

B. GENERAL OUTPATIENT CLINIC ROTATION - Examines and treats scheduled and unscheduled patients with a wide variety of common gastrointestinal conditions. Residents will also see more acute emergency patients with more complex problems, requiring interaction with surgical and radiology departments at all facilities. By their nature, each facility will have different patient populations and consultative experiences, allowing the resident to learn how to manage inpatients in various settings/practice patterns, which is our goal. Patients are followed for their active problems or referred back to the primary physician.

GOALS: The outpatient rotation is designed to allow the trainee to gain expertise in managing a multitude of common gastrointestinal problems, not only from a scientific standpoint, but also to include psychosocial considerations. Experience at determining appropriate follow-up intervals and scheduling is also gained, thus develop clinical competence in the field of gastroenterology. As the residents progress, emphasis will allow involvement in complicated cases requiring advanced diagnostic and therapeutic modalities. All residents will be assessed for the six competencies as outlined on the Internal medicine Resident evaluation Form, including patient care, medical knowledge base, practice-based learning, interpersonal and communication skills, professionalism and systems based learning. Overall, all clinical acumen and competence will also be assessed. Ongoing assessment of progress will be included in the evaluation process at all levels.

C. INPATIENT CONSULTATIONS- During those rotations, the residents consult on patients with gastrointestinal problems at all sites, depending upon assignment, hospitalized on various inpatient wards including general medicine, surgical, pediatric wards, and various intensive care units throughout all institutions. The resident evaluates patients and under the supervision of the staff physician, advises primary care and specialty services physicians of their diagnostic impressions, recommended diagnostic tests and appropriate therapy.

GOALS: To evaluate patients who are sicker than those seen in the outpatient setting at an academic center, a mixed academic and closed population center and a community practice depending upon assignment. Complex co-morbid inpatient problems are seen at both the Upstate sites and VA Medical Center. This mix aids in the development of factual knowledge, reasoning ability and problem solving. In addition, the trainee learns the art of consultative medicine in different clinical settings, which requires interaction with the primary and specialty physicians to influence the final diagnostic and therapeutic decisions. . All residents will be assessed for the six competencies as outlined on the Internal medicine Resident evaluation Form, including patient care, medical knowledge base, practice-based learning, interpersonal and communication skills, professionalism and systems-based learning. Overall clinical acumen and competence will also be assessed. Ongoing assessment of progress will be included in the evaluation process at all levels and at each site.

D. RESEARCH AND SCHOLARLY ACTIVITIES- Residents who are interested in gastroenterology research will be exposed to research activities by designing a clinical or basic science research protocol, which would then be submitted for approval by the Institutional Review Board and Human Use Committee of the respective institutions, either Upstate or the Syracuse VA. Once the protocols have been approved, residents can then conduct the study under the supervision of a staff gastroenterologist, in cooperation with other members of facilities where appropriate. Residents will be taught how to analyze data and apply statistical techniques to interpret such data.

GOALS: To acquaint the trainee with the scientific method by asking and attempting to answer a question of biomedical important. It is expected that the research performed will eventually lead to a scientific presentation at a national meeting and a published manuscript.

VI. CONFERENCE SCHEDULE

A. GENERAL: Residents are encouraged to attend the gastroenterology conferences. Some conferences will be combined with other functions at either institution and/or the medical school. Other services, students, residents and the gastroenterology community are encouraged to attend all divisional conferences.

B. CONFERENCES DURING GASTROENTEROLOGY ELECTIVE:

1. **GI Radiology Conference (Monthly, October - May) -** Cases are selected either by the Gastroenterology Service or by the Radiology staff presenting the conference. Common and uncommon radiologic features are reviewed. This may be on a selected interesting case or targeted topic basis. Normal anatomy as well as imaging techniques and general principles of radiology will also be covered..

2. **Clinical Conference Series / Core Lecture (Weekly)** - A series of lectures, usually of didactic nature, on common clinical problems, diagnostic techniques or therapeutic modalities, are presented by both staff and trainees on a rotating basis.

3. **Case Conference (Weekly) -** The entire staff, including house staff and fellow physicians, meet to discuss either perplexing diagnostic cases or management problems so that all may be allowed to participate and contribute their knowledge and experience. The fellow presenting the case also reviews and formally presents the most recent and/or pertinent literature concerning the case. Specific attention to the nutritional aspects of ongoing patient care will be explored when appropriate. At least once a month on average a case specifically focusing on nutrition will be discussed. This will occur at the end of each core lecture session.

4. **Journal Club (Weekly) -** Articles from the general medical literature, as well as gastroenterology journals, are reviewed by the entire Service. Critical review of scientific articles is emphasized. This will be incorporated at the end of our weekly core lecture sessions.

5. **Surgery/Hepatobiliary Tumor Board/Conference (weekly) -** Cases are selected by both the Gastroenterology Service and the Surgery staff for presentation at the conference. Common and uncommon cases are reviewed with emphasis on interaction between the specialties, thereby promoting system integration, professional relations and teamwork. Surgical technique and approach will be discussed for the benefit of the medical trainees, and medical approaches will be discussed for the benefit of the surgical trainees. Radiological and pathologic input will be solicited when appropriate.

VII. CORE CURRICULUM

A. CLINICAL EXPERIENCE, CONCEPTS AND FACTS - This will include an opportunity to observe and manage a sufficient number of new and follow-up inpatients and outpatients of appropriate age, including adolescent and geriatric age groups, with a wide variety of common and uncommon digestive orders.

Specifically, the residents will receive formal instruction, clinical experience, and opportunities to acquire expertise in the evaluation and management of the following disorders:

1. Diseases of the esophagus
2. Acid peptic disorders of the gastrointestinal tract
3. Motor disorders of the gastrointestinal tract
4. Irritable bowel syndrome
5. Disorders of nutrient assimilation

6. Inflammatory bowel diseases
7. Vascular disorders of the gastrointestinal tract
8. Gastrointestinal infections including viral, bacterial, mycotic and parasitic diseases
9. Gastrointestinal pancreatic neoplasms
10. Gastrointestinal diseases with an immune basis
11. Pancreatitis
12. Gallstones and cholecystitis
13. Alcoholic liver diseases
14. Viral and immune hepatitis
15. Cholestatic syndromes
16. Drug-induced liver injury
17. Hepatobiliary neoplasms
18. Chronic liver disease
19. Gastrointestinal manifestations of HIV infections
20. Gastrointestinal neoplastic disease
21. Acute and chronic hepatitis
22. Biliary and pancreatic diseases
23. Women's health issues in digestive diseases
24. Geriatric gastroenterology
25. Gastrointestinal bleeding
26. Cirrhosis and portal hypertension
27. Genetic/inherited disorders
28. Medical management of patients under surgical care for gastrointestinal disorders
29. Management of GI emergencies in the acutely ill patient

Residents will also receive formal instruction, clinical experience, and opportunities to acquire expertise in the evaluation and management of the patients with the following clinical problems:

1. Dysphagia
2. Abdominal pain
3. Acute abdomen
4. Nausea and vomiting
5. Diarrhea
6. Constipation
7. Gastrointestinal bleeding
8. Jaundice
9. Abnormal liver chemistries
10. Cirrhosis and portal hypertension
11. Malnutrition
12. Genetic/inherited disorders
13. Depression, neurosis and somatization syndromes pertaining to the gastrointestinal tract
14. Surgical care of gastrointestinal disorders

B. <u>ENDOSCOPIC PROCEDURES, TECHNICAL AND OTHER SKILLS</u> - The program will provide for instruction in the indications, contraindications, complications, limitations, and where applicable, interpretation of the following diagnostic and therapeutic techniques and procedures.

Residents are allowed to observe endoscopic procedures.

1. Imaging of the digestive system including:

a. Ultrasound procedures, including endoscopic ultrasound
b. Computed tomography
c. Magnetic resonance imaging
d. Vascular radiology procedures
e. Contrast radiography
f. Nuclear medicine procedures
g. Percutaneous cholangiography

2. Endoscopic procedures
3. Specialized dilation procedures
4. Percutaneous cholangiography
5. Percutaneous endoscopic gastrostomy
    a. Placement
    b. Appropriate replacement
6. Liver and mucosal biopsies
7. Gastric, pancreatic and biliary secretory tests
8. Other diagnostic and therapeutic procedures utilizing enteral intubation and bouginage
9. Gastrointestinal motility studies
10. Sclerotherapy
11. Enteral and parenteral alimentation
12. Liver transplantation
13. Pancreatic needle biopsy
14. ERCP including papillotomy and biliary stent placement

VII. SUPERVISION

The ultimate responsibility for the care of the patient and instruction and supervision of the resident lies with the attending staff physician. As such it is the trainee's responsibility to always obtain staff review of all their patient care activity as outlined below. If the resident feels the number of patients or complexity of the patient load exceeds his or her ability to manage / triage, they are instructed to seek the assistance of the appropriate staff.

<u>Circumstance or Events Requiring Attending Physician Approval</u>

- Accepting for transfer patients from another institution.
- Accepting a patient transferred from another service.
- Scheduling an endoscopic procedure.
- Initial antibiotic treatment of a wound infection.
- Undertaking any invasive diagnostic study.

<u>Circumstance or Events Requiring Attending Physician Notification</u>

- Resident/fellow believes decisions can best be accomplished after communication with an attending.
- Concern of anyone, including nurses, that a situation is more complicated than a resident or fellow can manage effectively.
- Patient, a family member, nurse, allied professional, or a physician suggests that an attending be notified.
- Decision to admit patient to the hospital.
- Transfer to locus for a higher level of care or to ICU.
- Significant arrhythmia, cardiac arrest, unplanned intubation or need for ventilatory support, critical results of lab, radiology, or cardiac diagnostic tests, medication or treatment errors requiring intervention related to GI prognosis and procedure.

- Any issue prompting a notable change in a previously agreed upon treatment plan.
- Patient leaving hospital against medical advice.
- Changes in code status.
- Patient death.

IX. FITNESS FOR DUTY

A resident who does not feel fit for duty should consult with their current program director, supervising attending, fellowship administrator, and/or Employee Health, when needed. A supervisor who has concerns regarding a fellow's fitness for duty should consult with the Program Director.

It is clear that current alcohol or illicit substance use is incompatible with fitness to provide medical care to others. Excess fatigue, medical or psychiatric illness may also preclude participation in the workplace. Examples of additional situations in which a resident or fellow may not be fit for duty include but are not limited to the use of medications that impair dexterity significantly, grief that precludes concentration or acute illness that would make the physician a risk to others (ex. infectious illness).

All trainees are subject to the Office of Graduate Medical Education's drug testing policy.

X. EVALUATION

Progression in knowledge base will be achieved on a day-to-day basis by review of consultations performed and general questioning as to proposed diagnostic and therapeutic measures. This method is by definition nonstandard.

The evaluations will be done in accordance with the core internal medicine program requirements through MedHub.

XI. FEEDBACK TO TRAINEES

A conference between the staff member and trainee will be held at the middle and end of each rotation. Both positive and negative aspects of performance will be discussed. Areas in need of improvement will be indicated and emphasized to the trainee during and at the end of the rotation. Should improvement not be forthcoming, a formal memorandum for record dated and signed by the staff and trainee in question will be initiated. Continuous or more severe problems will be dealt with through the internal medicine residency program and the Graduate Medical Education Office.

XII. ABSENCE FROM THE ROTATION

The rules and regulations of the Core Internal medicine residency will be applicable for the residents during their gastroenterology elective. Whenever it is necessary to take time off from the rotation, the resident is encouraged to email the fellowship administrator or the supervising fellow and attending prior to such an absence, with the chief residents copied to the email. Absence without prior approval will be reported to the core residency program.

HOLIDAYS: The rules and regulations of the Core Internal medicine residency will be applicable for the residents during their gastroenterology elective. The holidays for the division for the academic year 2023-2024 are as follows:

Independence Day: Tuesday, July 4, 2023 (one-day holiday, office closed)
Labor Day: Monday, September 4, 2023 (three-day weekend, office closed)
Columbus Day: Monday, October 9, 2023 (three-day weekend, office closed)
Election Day: Tuesday, November 7, 2023 (one-day holiday, office remains open)

Veteran's Day: Saturday, November 11, 2023 (one-day holiday, office closed)
Thanksgiving: Thursday, November 23, 2023 (one-day holiday, office closed)
Christmas Day: Monday, December 25, 2023 (one-day holiday, office closed)
New Year's Day: Monday, January 1, 2024 (one-day holiday, office closed)
Martin Luther King: Monday, January 15, 2024 (three-day weekend, office closed)
Memorial Day: Monday, May 27, 2024 (three-day weekend, office closed)
Juneteenth: Wednesday, June 19, 2024 (one-day holiday, office remains open)

Revised by:

Ganesh Aswath, M.D
Assistant Professor of Medicine,
Associate Program Director, Gastroenterology Fellowship Program
State University of New York Upstate Medical University
750 East Adams Street
Syracuse, New York 13210-2339
Phone: (315) 464-5804
Fax: (315) 464-5809

Approved by:
Savio John, M.D.
Associate Professor of Medicine
Director, Gastroenterology Fellowship Program
State University of New York Upstate Medical University
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