

Inpatient Gastroenterology (GUT) Consults

Learning Objectives:

- Become proficient in the diagnosis, initial workup, and basic management of the following disease processes: dysphagia, undifferentiated abdominal pain, IBD, upper GI bleed (PUD, variceal, esophagitis, Mallory-weiss tear), and lower GI bleed (diverticulitis, IBD, infectious colitis, colorectal cancer, ischemic colitis, hemorrhoids).
- Identify the indications and methods available for enteral nutrition support including NG, DHT, PEG, and PEG-J.

Team Structure and Responsibilities: Brief description of roles and responsibilities of who rounds with the team or other important individuals who assist in care coordination.

- 1 attending: Supervises team and procedures
- 2 fellows: Responsible for patient plans, notes, and scheduling procedures
- 1-3 residents: Assist w/ new consults and follow-up on established patients. Residents are expected to work one Sunday (8-4) in their month rotation. Please discuss this with the fellow that is on Gut Service that month.
- 1-2 medical students: Assist w/ new consults and follow-up on established patients

Workflow:

- Sign-out: No formal sign-out process. Residents should try to touch base with the fellows every morning to discuss new consults and overnight events
- Work room: PAV H MN626; door code 13579#
- Endoscopy is located on 3rd floor of PAVH next to the elevators or on the 2nd floor of PAVH just past the double doors that you walk through after getting off the elevators.
- Rounding structure: Rounding is quite variable depending on the attending and procedure schedule for the day. We expect that residents will be going to noon conference, so we try not to round during that time. Usually rounding will consist of seeing new consults and any patients with active problems. Please keep in contact with the fellows as rounds may be broken up throughout the day.

Recommended Educational Resources:

- Most useful resources on the rotation will be GI society guidelines: ACG, AGA, AASLD, and ASGE
- UpToDate has good information practical management
- For acute severe ulcerative colitis: Michigan Protocol (UK has our own modified Michigan protocol on CareWeb)

Useful Tips or Unique Aspects of the rotation:

- We are always open to residents watching endoscopy, please watch as much or as little as you would like

- If you are interested in pursuing GI, please let the fellows know so we can look out for interesting cases and help tailor your experience
- This is a fast-paced consult service with high turnover, so plans can change quickly. Please communicate with your fellow about rounding, procedures, and patient care