OPTI-West San Antonio Regional Hospital Internal Medicine Residency Program

Gastroenterology Rotation Curriculum with Goals & Objectives

SARH and Clinics — Inpatient and Outpatient Gastroenterology — Internal Medicine Residency

Goals & Objectives Stratified by Level of Training (PGY-1 / PGY-2 / PGY-3)

Effective: July 1, 2025

Overview and Organization

Organization / Site: SARH and Clinics (inpatient and outpatient gastroenterology).

The Internal Medicine resident functions as a key member of the medical team whose primary objective is to provide compassionate, evidence-based care. The team comprises an attending gastroenterologist, medical residents, and medical students, and is led by the attending, who bears final responsibility for patient management. The resident works closely with the attending and gradually assumes more autonomous decision-making responsibility in a graded fashion, and is expected to teach junior residents and medical students and collaborate with other specialty providers in a multidisciplinary environment.

The rotation provides an understanding of the physiology of gastrointestinal, pancreatic, biliary, and hepatic diseases and their systemic manifestations. Residents evaluate and manage patients across a spectrum of GI disorders in both inpatient and outpatient venues, developing competency in the prevention of GI disease, indications for procedures, management of common and acute disease, and appropriate indications for referral.

General Goals and Educational Objectives

General Goal: During the Gastroenterology rotation, the resident is responsible for the care of outpatient and inpatient teaching-service patients.

Overarching objectives (developed progressively across all three years):

- Practice evidence-based medicine.
- Work effectively as part of a multidisciplinary team.
- Care for a panel of patients across the three years of training, assuming responsibility in a graded fashion toward independent practice, and achieve competence in all six ACGME areas.
- Promote individual health for patients with gastrointestinal and hepatic conditions and achieve competence in their initial management.
- Serve the community.
- Achieve competence in serving all genders, ethnic, and socioeconomic groups and understand their unique needs.
- Evolve as teachers of students, co-residents, nurses, patients, families, and the community.
- Become proficient in caring for patients with the conditions listed in this document.

Levels of Supervision

Residents are supervised by an attending gastroenterologist for all patients. Levels of supervision include:

- Direct Supervision — the supervising physician is physically present with the resident and patient; residents are initially directly observed to build history-taking and examination skills.
- Indirect Supervision, with direct supervision immediately available — the supervising physician is within the site and immediately available.
- Indirect Supervision, with direct supervision available — the supervising physician is immediately available by phone or electronic means.

As residents become more proficient, they interact independently with patients and present cases to faculty, progressing from diagnosis and basic management toward independent medical decision-making.

Assessment Scale — Entrustment

The basic evaluation unit is entrustment. Attendings determine the level at which they trust the resident to perform each skill:

- 1 — Cannot perform the skill even with assistance (critical deficiency).
- 2 — Can perform the skill under proactive, full supervision.
- 3 — Can perform the skill with reactive supervision (readily available upon request).
- 4 — Can perform the skill independently.
- 5 — Can act as a supervisor and instructor for the skill.

The Six ACGME Core Competencies — Objectives by Level of Training

Objectives are stratified for PGY-1, PGY-2, and PGY-3 residents, reflecting increasing entrustment. Senior objectives are cumulative — PGY-2 residents also meet PGY-1 objectives, and PGY-3 residents meet all prior objectives.

1. Patient Care and Procedural Skills

All residents must provide compassionate, culturally sensitive, and appropriate care to prevent and treat gastrointestinal disease, and take a pertinent GI history and perform a focused physical examination.

PGY-1 — Build foundational skills under supervision

- Differentiate stable from unstable patients and elicit key historical details:
  - Personal and family history of GI disease (e.g., cancers, celiac disease, IBD)
  - History of alcohol and drug use
  - Complete medication history, including prescription, over-the-counter, and recreational drugs with liver toxicity
- Appreciate the following physical findings: abdominal mass, ascites, asterixis versus tremor, Dupuytren's contractures, jaundice, hemorrhoids, hernia, rectal mass, scleral icterus, and spider angiomata.
- Understand the indications, contraindications, complications, limitations, and interpretation of, and become competent in: anoscopy (optional), paracentesis, and placement of a large-bore IV and nasogastric tube.

PGY-2 — Manage complexity and seek consultation (in addition to PGY-1)

- Recognize the contribution of psychosocial factors — compliance, financial constraints, and harmful interpersonal relationships — to the patient's presentation.
- Seek appropriate subspecialty or surgical consultation when necessary to further patient care.

- Appreciate the following physical findings: abdominal bruit, hepatosplenomegaly, pulsatile abdominal mass, and voluntary versus involuntary guarding.
- Become competent in flexible sigmoidoscopy (optional).
- Counsel patients and families on the indications, contraindications, risks, and benefits of colonoscopy (and preparation), esophagogastroduodenoscopy, and ERCP.

PGY-3 — Lead, supervise, and manage transitions (in addition to PGY-1 and PGY-2)

- Independently obtain the above history for patients with complex GI disease and multiple comorbid conditions.
- Supervise and ensure seamless transitions of care between primary and consulting teams and between inpatient and outpatient care.
- Appreciate the following physical findings: iliopsoas and obturator tests.

Instructional / Training Methods: *Supervised patient care in inpatient and outpatient settings, endoscopy-lab observation, direct observation, case-based learning.*

Evaluation Methods: *Bedside Mini-CEX, direct observation and feedback, faculty entrustment ratings.*

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2. Medical Knowledge

Residents will demonstrate knowledge of the pathophysiology, evaluation, and management of gastrointestinal, pancreatic, biliary, and hepatic disease and apply it to patient care.

PGY-1 — Develop foundational knowledge under supervision

- Develop an understanding of the basic pathophysiology and approach to the following common GI conditions:
  - Abdominal pain or distention
  - Abnormal liver function tests
  - Anorectal discomfort, bleeding, or pruritus
  - Anorexia, malnutrition, or weight loss
  - Ascites
  - Biliary colic
  - Early satiety, dyspepsia, and heartburn
  - Dysphagia or odynophagia
  - Encephalopathy
  - Family history of gastrointestinal cancer
  - Flatulence, constipation, diarrhea, or fecal incontinence
  - Hematemesis, melena, or bright red blood per rectum
  - Hernia
  - Iron deficiency anemia
  - Jaundice
  - Nausea and vomiting
  - Noncardiac chest pain
  - Withdrawal syndromes
- Understand the indications for ordering and the interpretation of the following laboratory values and procedures:
  - Abdominal series
  - Ascitic fluid analysis

    - Breath tests (lactose, lactulose, H. pylori, SIBO)
    - Chemistries, including amylase, lipase, and LFTs
    - Cologuard and guaiac
    - Contrast studies (upper GI series, small bowel follow-through, barium enema)
    - CT and ultrasound of the abdomen/pelvis
    - CT angiography, including its role in GI bleeding
    - Endoscopic ultrasound
    - Endoscopy with biopsy
    - ERCP
    - Fecal leukocytes
    - Fibroscan
    - Gastric emptying study
    - Helicobacter pylori testing
    - HIDA scan
    - MELD score and Child's class
    - Nuclear medicine tagged red-cell bleeding scan
    - Stool cultures, C. difficile testing, and ova and parasites
    - Stool studies (calprotectin, pancreatic elastase)
    - Tumor markers
    - Viral hepatitis serology

PGY-2 — Understand targeted therapy and advanced diagnostics (in addition to PGY-1)

- Understand the pathophysiology, clinical presentation, and targeted therapy for the following GI diseases:
    - Achalasia
    - Autoimmune hepatitis
    - Barrett's esophagus, esophagitis, and chronic GERD
    - C. difficile colitis
    - Celiac disease
    - Chronic liver diseases and associated complications
    - Colonic polyps
    - Diverticular disease
    - Eosinophilic esophagitis
    - Gallstones and calcified gallbladder
    - Gastroparesis
    - GI cancers and hereditary cancer syndromes
    - GI manifestations of AIDS
    - Ileus and obstruction
    - Inflammatory bowel disease
    - Irritable bowel syndrome
    - Metabolic dysfunction-associated steatotic liver disease
    - Peptic ulcer disease
    - Primary biliary cholangitis
    - Primary sclerosing cholangitis
    - Volvulus

- Demonstrate knowledge of the indications for ordering and the interpretation of:
  - 24-hour esophageal pH monitoring and Bravo pH monitoring
  - Bleeding scan
  - Capsule endoscopy
  - DeMeester score
  - Endoscopic stent placement (esophageal, duodenal, rectal)
  - Esophageal manometry
  - Fecal electrolytes, fecal fat, and fecal osmolality
  - Gastrin level and secretin stimulation test
  - IgG4
  - Laxative screen

PGY-3 — Independent interpretation and procedural knowledge (in addition to PGY-1 and PGY-2)

- Understand the pathophysiology, presentation, and targeted therapy for the above conditions with attention to differences in patient populations, and become familiar with:
  - Palliative care options for patients with GI malignancies
  - Pancreas and liver transplant evaluation and post-transplant care
- Independently and appropriately order studies and interpret results within the context of patient comorbidities, pretest probability of disease, and patient values.
- Demonstrate knowledge of the indications, contraindications, and appropriate timing for the following procedures:
  - Abdominal wall herniorrhaphy
  - Bowel resection
  - Cholecystectomy
  - Endoscopic treatment with banding, dilation, or sclerotherapy
  - Enterostomy/gastrostomy
  - Exploratory laparotomy
  - Hiatal hernia repair
  - Laparoscopy
  - Liver biopsy
  - Mesenteric arteriography
  - MR elastography
  - MR enterography
  - Peptic ulcer surgery
  - TIPS

Instructional / Training Methods: *Case-based learning, Friday specialty didactics, journal and textbook reading (Sherlock's Diseases of the Liver and Biliary System), guideline review.*

Evaluation Methods: *Case-based questioning, chart review, faculty written evaluation.*

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3. Practice-Based Learning and Improvement

Residents will investigate and evaluate their patient-care practices, appraise and assimilate scientific evidence, and improve their practices.

PGY-1 — Build foundational skills under supervision

- Identify knowledge gaps through patient encounters and seek evidence-based resources.
- Seek, receive, and act on feedback and reflect on performance.
- Engage in case-based learning driven by patients seen during the rotation.

PGY-2 — Manage independently (in addition to PGY-1)

- Perform focused literature searches and appraise study quality to answer clinical questions.
- Review and apply relevant guidelines and literature to improve patient care.

PGY-3 — Lead, supervise, and teach (in addition to PGY-1 and PGY-2)

- Deliver a 10–15 minute teaching presentation on a GI topic (recent paper, guideline update, or case) with board-style questions.
- Facilitate the learning of junior residents and students and participate in quality-improvement activities.

Instructional / Training Methods: *Feedback on rounds, focused literature searches, weekly teaching presentations, independent study.*

Evaluation Methods: *Self-assessment and reflection, teaching-presentation evaluation, Mini-CEX.*

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4. Interpersonal and Communication Skills

Residents will demonstrate communication skills that result in effective information exchange with patients, families, and professional associates.

PGY-1 — Build foundational skills under supervision

- Demonstrate organized, articulate electronic and verbal communication that builds rapport with patients and families.
- Provide timely, detailed, professional documentation with a thorough assessment and plan, avoiding abbreviations.

PGY-2 — Manage independently (in addition to PGY-1)

- Educate patients on disease processes, management plans, and preventive measures.
- Provide concise, focused answers when performing consults, addressing the specific question asked.

PGY-3 — Lead, supervise, and teach (in addition to PGY-1 and PGY-2)

- Lead difficult conversations (e.g., GI malignancy, transplant candidacy, goals of care).
- Model effective communication and coach junior residents and students.

Instructional / Training Methods: *Direct observation, supervised patient encounters, case presentations, professional documentation review.*

Evaluation Methods: *Direct observation, Mini-CEX, faculty and multisource feedback, chart review.*

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5. Professionalism

Residents will demonstrate a commitment to professional responsibilities, ethical principles, and sensitivity to a diverse patient population.

PGY-1 — Build foundational skills under supervision

- Demonstrate respect, compassion, and cultural humility in patient care and maintain patient confidentiality.
- Introduce themselves to patients as a trainee working with the attending, and maintain business-professional attire and a visible badge/name tag.

PGY-2 — Manage independently (in addition to PGY-1)

- Address ethical issues and manage difficult conversations professionally.
- Model professional behavior for students and interns.

PGY-3 — Lead, supervise, and teach (in addition to PGY-1 and PGY-2)

- Serve as a professional role model and address lapses constructively within the team.
- Lead ethically complex discussions and advocate for patients.

Instructional / Training Methods: *Role modeling by attendings, direct patient care, patient and family encounters.*

Evaluation Methods: *Faculty ratings, multisource feedback, self-reflection.*

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6. Systems-Based Practice

Residents will demonstrate awareness of the larger health-care system and provide care of optimal value.

PGY-1 — Build foundational skills under supervision

- Utilize the electronic medical record (Cerner) effectively for documentation and care coordination, completing and signing notes by the end of the day.

PGY-2 — Manage independently (in addition to PGY-1)

- Incorporate cost-effective care principles when ordering tests and treatments.
- Coordinate appropriate referrals and safe transitions between inpatient, clinic, and endoscopy settings.

PGY-3 — Lead, supervise, and teach (in addition to PGY-1 and PGY-2)

- Lead care coordination across settings and between primary and consulting teams.
- Champion high-value care and appropriate use of endoscopy and advanced diagnostics.

Instructional / Training Methods: *Supervised care across settings, cost-and-value case discussion, multidisciplinary collaboration.*

Evaluation Methods: *Direct observation, chart review, faculty ratings.*

Acute GI Conditions — Timely Triage and Therapy

Across all levels, residents will become comfortable with the timely triage and therapy of the following acute GI conditions:

- Acute liver failure
- Appendicitis
- Cholecystitis and cholangitis
- Diverticulitis
- Hepatorenal syndrome
- Hypotension in the setting of GI bleeding
- Inflammatory bowel disease flare
- Mesenteric ischemia
- Pancreatitis
- Perforation

Health Maintenance and Counseling

Residents should become fluent in the health-maintenance issues relevant to GI disease and counsel patients appropriately on:

- CAGE screening and substance abuse
- Colon cancer screening
- Dietary management for celiac disease, diverticular disease, irritable bowel syndrome, and obesity, and enteral/parenteral nutrition
- Hepatitis vaccination
- Prescription drugs with potential hepatotoxicity

Teaching Methods

Supervised Patient Care

- Residents are initially directly observed with patients to facilitate the acquisition of excellent history-taking and physical examination skills.
- As residents become more proficient, they interact independently with patients and present cases to faculty.
- Initial emphasis is on diagnosis and basic management; once mastered, focus shifts to medical decision-making and finalizing the care plan with supervising physicians.

IDEAL Gastroenterology — Clinic Rotation

- Location: IDEAL Gastroenterology, Rancho Office, 8659 Haven Ave, Suite 160, Rancho Cucamonga, CA 91730. Start time: 8:00 AM.
- Proctoring staff assign their patients to the resident(s) that day.
- Documentation is in Cerner (EMR); all notes must be completed and signed by the end of the day, be detailed with a thorough assessment and plan, avoid abbreviations, and use clear, professional language, as the record is shared with referring providers.
- Residents introduce themselves as a trainee working with the attending; a white coat is not required, but business-professional attire and a badge/name tag are expected.

Outpatient Procedures

- Location: San Antonio Outpatient Surgery Center, 901 San Bernardino Rd, Upland, CA 91786. Procedures usually begin at 7:30 AM; residents may arrive at 8:00 AM.
- On arrival, ask for Cindy, the Surgery Center Director, for waiver paperwork and direction to the procedure room.
- Observe outpatient GI procedures and engage with the endoscopist on each case regarding indications, findings, follow-up, and next steps.

Inpatient Consults (Week 2)

- Residents participate in inpatient GI consult coverage with Dr. Yaramada and Dr. Abdelkairm.
- When a consult is requested, Dr. Yaramada notifies the resident, who sees the patient, drafts a note in Cerner, and rounds together at a mutually agreed time.

Conferences and Presentations

- Specialty-specific didactics on Friday afternoons.
- Thursday afternoon teaching presentation: a 10–15 minute informal talk on a GI-related topic (recent paper, guideline update, or case-based discussion) for clinic members, ideally followed by 2–3 board-style questions.

Independent Study and Resources

- Journal and textbook reading as assigned by the GI attending, including Sherlock's Diseases of the Liver and Biliary System, 13th edition (2018), Wiley-Blackwell.
- Professional societies: AGA, ACG, ASGE, and AASLD.
- AASLD/IDSA guidelines on hepatitis C and CDC guidelines on viral hepatitis.
- eMedicine brief reviews with imaging; NEJM Videos in Clinical Medicine (paracentesis, nasogastric intubation).
- CTisus radiology teaching files and the University of Virginia Introduction to Gastrointestinal Radiology.
- UpToDate and ClinicalKey.

Evaluation

- Mini-CEX bedside evaluation tool.
- Verbal mid-rotation individual feedback.
- Attending written evaluation of the resident at the end of the month, based on rotation observations and chart review.

Rotation Structure

- Residents should contact the lead gastroenterologist three days prior to the rotation to determine start time and location, and notify the attending promptly if they cannot be available at their assigned time.
- Residents divide their time between the hospital, clinic, and endoscopy lab as appropriate to achieve the educational goals.
- Residents participate in patient presentation, generation of a differential diagnosis, development of a treatment plan, and patient follow-up.
- Case-based learning is emphasized, with nightly reading based on patients seen during the day.
- When performing consults, residents should understand the question asked and provide a concise answer.
- Residents may be asked to perform focused literature searches or presentations during the rotation.