**GENERAL PEDIATRICS CBD ROTATION PLAN**

(\*\*Former Goals & Objectives Document\*\*)

**Name of Rotation:** *Pediatric Gastroenterology*

**CBD Stage of Rotation:** Transition to Discipline and/or Foundations

**PGY Level of Rotation:** PGY-1 **Length of Rotation:** 1 block

**Rotation Location/Site:**  Alberta Children’s Hospital

**Rotation Leads/Contacts:** *Dr. Gary Galante (gary.galante@ahs.ca)*

*Pam White (pamela.white@ahs.ca)*

**Focus of this rotation:** *(Short summary highlighting key experiences and learning opportunities; inpatient/outpatient, call requirements, if multiple rotations the details should be different for each rotation/level of training and aligned with EPA’s)*

During the Pediatric GI rotation, residents will complete:

1 week of inpatient/consult service

2 weeks of outpatient service: GI clinics, endoscopy, education/independent study

(depending on availability, additional specialty GI clinics in CHIRP, CF can be requested)

1 week of inpatient/consult service

There is no call requirement during this rotation

(If 1 week of vacation to be taken, outpatient service reduced to 1 week)

Learning opportunities/expectations:

Learning opportunities through clinical exposure/care and collaboration with staff, subspecialty residents and allied health within our Section will be a primary source of learning.

During the week(s) of outpatient service, the pediatrics resident will be expected to:

1. Develop 6 “cue cards” describing the approach and pertinent details to 6 core topics/clinical presentations in pediatric gastroenterology, hepatology, and nutrition
2. Develop 3 well-crafted multiple choice questions and 2 short answer questions with an answer key, with respect to an assigned topic/condition in pediatric gastroenterology

During each week of outpatient service, 1-2 hours will be booked with Gary Galante and/or another pediatric gastroenterologist for 1-on-1 education time. During this time, we will:

1. Select 1-2 topics in pediatric GI (prepared by cue card) for knowledge assessment and further education
2. Review MCQ and SAQ items with feedback on content and quality of item generation
3. Address other topics of interest through active/case-based learning

**EPA’s Mapped to this rotation include *(program to do):***

|  |  |  |
| --- | --- | --- |
| EPA/Stage | EPA Details | Curriculum Map(Must vs Possible) |
| TTD #1 | Performing and presenting a basic history and physical examination | M |
| TTD #2 | Documenting orders for pediatric patients | M |
| Foundations #1 | Recognizing deteriorating and/or critically ill patients and initiating stabilization and management | P |
| Foundations #4 | Assessing, diagnosing, and initiating management for newborns with common problems | P |
| Foundations #5 | Assessing, diagnosing, and managing patients with common pediatric problems | M |
| Foundations #6 | Providing primary and secondary preventive health care | P |
| Foundations #8 | Communicating assessment findings and management plans to patients and/or families | M |
| Foundations #9 | Documenting clinical encounters | M |
| Foundations #10 | Transferring clinical information between health care providers during handover | P |
| Foundations #11 | Coordinating transitions of care for non-complex pediatric patients | P |

**\*\*RESIDENTS MUST COMPLETE AS LEAST 2 EPA/WEEK**

*(For full list of EPA’s and EPA mapping for General Pediatrics please click here)*

**Plan for ITAR Assessments:**

Two ITARs will be completed during the block

1. Inpatient ITAR: to be completed by the staff working with the resident during their last week of service (in collaboration with the staff supervising the first week of service),
2. Outpatient ITAR: to be completed by Dr. Galante based on outpatient clinic performance (feedback solicited from outpatient clinic staff), and self-study assignments.

**Other educational events mapped to this rotation include**: *Ex. Rounds, presentations, Sim sessions, etc.*

Pediatric Gastroenterology Academic Half-Day running every Friday morning, with case-based learning led by a different staff each week. Additional content may include radiology or pathology rounds, presentations (sometimes in collaboration with General Surgery, other Pediatric Subspecialists, allied health), fellow-led review of important guidelines/position statements within the field, and journal club.

If residents are interested in presenting at AHD during their rotation (e.g. journal club, presentation, case presentation), they are welcome to do so and can discuss scheduling a time/session at the beginning of their rotation. This is not required, however.

CHIRP multidisciplinary team rounds (currently via Zoom) occur every Tuesday at 0800-0900 and involve discussion of patients with intestinal failure/short bowel syndrome and their medical/nutritional/surgical management. Interesting case discussion occurs every Friday at 1200-1230 and is when staff/subspecialty residents present challenging and/or unique cases on the inpatient/outpatient service for discussion amongst physicians, residents, and clerks.

If interest and availability during outpatient week, arrangements can be made to observe/collaborate with outpatient GI clinic dietitians in their work of nutritional assessment and counseling.

(Low fidelity endoscopy simulator for endoscopy training is available on site for interested residents during outpatient week, but this is not an expectation or objective of rotation, endoscopy training is generally prioritized for subspecialty residents, and discussion/planning would have to be made with staff ahead of time)

**Additional Details: (ie first day details, schedules, important items to review/read, references**)

On first day, please arrive at 0800, and page the GI on-call 1st (generally the fellow) to inform them of your arrival. Their cubicle is on the 4th floor in the office space. Handover will generally occur at this time along with orientation to service.

Outpatient schedules will be prepared by Pamela White and e-mailed to you prior to starting rotation or during first week of the rotation, and will include designated time for 1-on-1 teaching with Dr. Gary Galante. If you are interested in additional experiences during self-study time, contact Gary Galante and Pam White during the first week to make further plans.

Additional documents will be provided regarding a) Welcome/Orientation, b) Cue Cards Assignment, c) MCQ/SAQ Assignment, and d) Reading resources. They will be sent out by Pamela White via e-mail and will be made available for posting on PaedsPortal.

**Pediatric Presentations Mapped to this Training Experience include *(ask rotations to review*):** (From the Royal College Pediatric Competencies Document)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Presentation** | **Where/How Taught**  | **Where/How Assessed** |
| 1.3.25.7.1.*2-11* | Gastrointestinal, hepatic and biliary systems – symptoms, signs and findings of: * Abdominal pain, acute and chronic
* Constipation and encopresis
* Diarrhea
* Dysphagia
* Feeding difficulties
* Hepatomegaly
* Intestinal bleeding
* Intestinal obstruction
* Jaundice
* Vomiting and regurgitation
 | Academic Curriculum (Peds GI/Pediatric AHD)Clinical experiences (inpt/outpt) | Clinical rotation (inpt/outpt):EPA assessments, ITARs, Cue Cards Assignment |
| 1.3.25.7.2. *1-6, 8-11* | Gastrointestinal, hepatic and biliary system – conditions:* Congenital malformations of the gastrointestinal tract and abdominal cavity, including complications of surgical repair
* Disorders of GI motility
* Functional disorders
* Esophagitis, gastroesophageal reflux, and peptic ulcer disease
* Enteropathies and colitis, including inflammatory bowel disease

Malabsorption syndromes, including celiac disease* Short gut syndrome and intestinal failure
* Disorders of the liver and biliary tract, congenital and acquired
* Liver transplantation, including long-term health sequelae
* Pancreatic disorders, congenital and acquired
 | Academic Curriculum (Peds GI/Pediatric AHD)Clinical experiences (inpt/outpt)Includes specialty clinic exposure in CF/CHIRP clinic settings | Clinical rotation (inpt/outpt):EPA assessments, ITARs, MCQ/SAQ Assignment |
| 1.3.15. *1,* 3-*5* | Feeding and nutrition:* Recommended nutritional requirements for the infant, child and adolescent
* Nutritional assessment, including effect of disease states on nutritional requirements
* Parenteral and enteral nutrition for all age groups, including formula options
* Health implications of restricted diets/fad diets and diets determined by custom or socioeconomic situation
 | Academic Curriculum (Peds GI/Pediatric AHD)Clinical experiences (inpt/outpt)Includes optional work with clinic RD | Clinical rotation (inpt/outpt):EPA assessments, ITARs |
| 1.3.25.3 | Disorders of nutrition and growth, Symptoms, signs, and findingsConditions:* Nutritional deficiencies and excesses
* Obesity
 | Academic Curriculum (Peds GI/Pediatric AHD)Clinical experiences (inpt/outpt)Includes optional work with clinic RD | Clinical rotation (inpt/outpt):EPA assessments, ITARs, MCQ/SAQ Assignment |
| 1.3.25.9.1.*5* | Hematology and Oncology – Symptoms, signs and findings – - Hepatosplenomegaly | Academic Curriculum (Peds GI/Pediatric AHD)Clinical experiences (inpt/outpt) | Clinical rotation (inpt/outpt):EPA assessments, ITARs |
| 1.3.25.10.2.*5* | Immunology and Allergy, Conditions* Food protein-induced enterocolitis syndrome (FPIES) and other non-IgE mediated food allergies
 | Academic Curriculum (Peds GI/Pediatric AHD)Clinical experiences (inpt/outpt) | Clinical rotation (inpt/outpt):EPA assessments, ITARs, MCQ/SAQ Assignment |
| 1.3.25.11.1.1, *1* | Infectious diseases – symptoms, signs and findings* Diarrhea

(Relevant conditions: fever without a focus, infection in immunocompromised host) | Academic Curriculum (Peds GI/Pediatric AHD)Clinical experiences (inpt/outpt) | Clinical rotation (inpt/outpt):EPA assessments, ITARs |
| 1.3.21 | Management of children requiring complex chronic care and/or technology dependence | Academic Curriculum (Peds GI AHD)Clinical experiences (inpt/outpt)Includes specialty clinic exposure in CF/CHIRP clinic settings | Clinical rotation (inpt/outpt):EPA assessments, ITARs |
| 1.3.26. *1-2* | Perioperative medical management:* Pre-operative medical assessment and risk mitigation
* Principles of post-operative management, including pain control, sedation, fluid administration, and antibiotics
 | Clinical experiences (inpt/outpt) | Clinical rotation (inpt/outpt):EPA assessments, ITARs |
| 1.3.27.8 | Life threatening conditions, including approach to assessment and initial management of:* Hepatic failure
 | Academic Curriculum (Peds GI AHD)Clinical experiences (inpt/outpt)Includes specialty clinic exposure in CF/CHIRP clinic settings | Clinical rotation (inpt/outpt):EPA assessments, ITARs, Cue Cards Assignment |
| 1.3.29.8. *8, 10, 17* | Neonatal and perinatal health - assessment and management of:* Feeding problems
* Hyperbilirubinemia
* Conditions of the newborn potentially requiring surgical intervention, including: esophageal atresia, gastroschisis, intestinal atresia, NEC, omphalocele, TEF
 | Academic Curriculum (Peds GI/Peds AHD)Clinical experiences (inpt/outpt) | Clinical rotation (inpt/outpt):EPA assessments, ITARs, MCQ/SAQ Assignment |
| 1.3.30.2, 3, 4, 7 | Adolescent health:* Confidentiality and its limits
* Anticipatory guidance regarding lifestyle choices
* Frameworks to promote self management and adherence in patients with chronic health disorders
* Assessment and management of chronic pain, feeding and eating disorders (*possible)*, substance use *(possible)*
 | Academic Curriculum (Peds GI/Peds AHD) re: chronic abdo painClinical experiences (inpt/outpt) | Clinical rotation (inpt/outpt):EPA assessments, ITARs, Cue Cards Assignment |

**Required Training Experiences Mapped to this Rotation Include *(program populates):***

TTD: 1.1.2.2: Clinic

Foundations: 4.1.2: Clinic

 6.2.13: Gastroenterology (Recommended)

**Other Training Experiences Mapped to this Rotation include *(program populates):***