

## GASTROENTEROLOGY

### UNMC

*Contact:* Sharon Matya (559-2412)

*When to contact:* 2 weeks prior

*Preceptors:* Dean Antonson, M.D.; Thomas Attard, M.D.; Clarivet Torres, M.D.; Jon Vanderhoof, M.D.

*Where to meet:* 3049 Swanson Hall (Sharon's office to pick up packet)

### CHILDREN'S

*Contact:* Kathy Krussel (955-5713)

*When to contact:* 2 weeks prior

*Preceptors:* Laurel Prestridge, M.D.; Fernando Zapata, M.D.

*Where to meet:* Children's GI Clinic

### Purpose:

The resident will: 1) become broadly familiar with gastrointestinal pathophysiology in infants, children and adolescents; 2) assist in evaluation of patients with gastrointestinal, hepatobiliary, and nutritional disorders; 3) participate in gastrointestinal procedures; and 4) gain some expertise in interpretation of gastrointestinal histopathology.

### Objectives:

Residents will learn to evaluate and treat pediatric patients with common gastrointestinal problems. It is the goal of this elective that they will be able to manage common gastrointestinal disorders such as constipation, formula allergy, and abdominal pain without consultation with the pediatric gastroenterologist except in unusual cases. They will learn the appropriate time for referral for more severe or difficult gastrointestinal and hepatobiliary disorders.

Teaching rounds are performed on a daily basis. The resident will work closely with students and fellows as well as the attending.

### Methods:

1. The resident will be able to construct a differential diagnosis for an infant or child presenting with the following signs and symptoms among others: chronic vomiting, acute bilious vomiting, abdominal distention, acute abdominal pain and tenderness,, chronic abdominal pain, acute vomiting and diarrhea, chronic constipation with or without fecal soiling, abdominal mass on physical examination, direct hyperbilirubinemia in an infant, jaundice in an older child.
2. The resident will be able to perform the history and physical, and select the correct laboratory tests or other procedures which will support or confirm the eventual diagnosis described in #1, above.
3. The resident will be able to institute treatment for each eventual diagnosis.
4. The resident should know and understand the appropriate use of both standard and therapeutic infant formulas.

5. The resident should be able to use appropriately and effectively prokinetic drugs, H2 receptor antagonists, laxatives, and anti-inflammatory drugs.

Implementation:

1. Vanderhoof JA. Recurrent abdominal pain. In: Rudolph's Pediatrics, 19<sup>th</sup> Ed., Rudolph AM, Ed., Appleton and Lange, Norwalk, CT, 1991;987-988.
2. Vanderhoof JA. Constipation. In: Rudolph's Pediatrics, 19<sup>th</sup> Ed., Rudolph AM, Ed., Appleton and Lange, Norwalk, CT, 1991;988-989.
3. Vanderhoof JA. Diarrhea. In: Rudolph's Pediatrics, 19<sup>th</sup> Ed., Rudolph AM, Ed., Appleton & Lange, Norwalk, CT, 1991;989-990.
4. Vanderhoof JA. Vomiting. In: Rudolph's Pediatrics, 19<sup>th</sup> Ed., Rudolph AM, Ed., Appleton & Lange, Norwalk, CT, 1991;990-991.
5. Vanderhoof JA. Gastrointestinal hemorrhage. In: Rudolph's Pediatrics, 19<sup>th</sup> Ed., Rudolph AM, Ed., Appleton & Lange, Norwalk, CT, 1991;991-992.
6. Vanderhoof JA. Fat and Protein Malabsorption. In: Rudolph's Pediatrics, 19<sup>th</sup> Ed., Rudolph AM, Ed., Appleton & Lange, Norwalk, CT, 1991;1010-1012.
7. Gastroenterology chapters. In: Oski's Pediatrics, Principles and Practice, 3<sup>rd</sup> Ed., McMillan JA, DeAngelis CD, Feigin RD, Warshaw JB, Eds., Lippincott, Williams & Wilkins, Philadelphia, PA, 1999; pp 309-335, pp 1632-1766.

Evaluation:

**Exceeds Expectations**

The resident demonstrates exceptional knowledge of common gastrointestinal disorders and treatment. Participation in discussions and response to questions demonstrate evidence of outside reading and good understanding. Resident actively contributes to patient discussions during rounds and clinics.

**Meets Expectations**

The resident demonstrates interest and understanding of the goals and objectives of the elective. Participation in discussions demonstrates evidence of outside reading.

**Below Expectations**

The resident has more than two unexcused absences from clinics or conferences or consistently refuses to participate in discussions. The resident demonstrates no evidence of outside reading and/or understanding.