Overall Competencies for the Pediatric Residency Training Program

GASTROENTEROLOGY

Goals and Competencies

PC: Patient Care; MK: Medical Knowledge; PBLI: Practice-Based Learning & Improvement
IC: Interpersonal & Communication Skills; P: Professionalism; SBP: Systems-Based Practice

GOAL 1: Normal Versus Abnormal (Gastroenterology): Understand how to differentiate between normal and pathological states related to gastroenterology.

COMPETENCIES: (PC, MK)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Demonstrate an understanding of normal feeding patterns from birth through adolescence for eating, weight gain, reflux, spitting, diarrhea and constipation, and recognize significant variations that warrant evaluation.			1	2,3
2. Differentiate clinical patterns of functional abdominal pain and pathologic pain.		1	2	3
3. Recognize transient liver abnormalities from significant ones.		1	2	3

GOAL 2: Common Conditions Not Referred (Gastroenterology): Understand the management of gastrointestinal conditions generally not requiring referral.

COMPETENCIES: (PC, MK)	**<25%**	**25-50%**	**50-75%**	**75-100%**
Recognize, describe the pathophysiology of, and manage these conditions.				
1. Bacterial enteritis.			1	2,3
2. Chronic nonspecific diarrhea.		1	2	3
3. Common nutritional deficiencies.			1	2,3
4. Constipation, encopresis.		1	2	3
5. Exogenous obesity.			1	2,3
6. Gastroesophageal reflux.				1,2,3
7. Giardiasis.		1	2	3
8. Irritable bowel syndrome.		1	2	3
9. Jaundice associated with breast feeding.			1	2,3
10. Lactose intolerance.			1	2,3
11. Mallory-Weiss esophageal tear.		1	2	3
12. Milk protein intolerance.			1	2,3
13. Recurrent abdominal pain of childhood.		1	2	3
14. Viral gastroenteritis.				1,2,3
15. Viral hepatitis, uncomplicated			1	2,3
Develop a step-wise approach to diagnosis, including appropriate history, physical exam, and laboratory studies; treat common conditions as listed above; and refer appropriately the following complaints related to the gastrointestinal system:				
1. Abdominal pain.		1	2	3
2. Abdominal mass.		1	2	3
3. Abnormal liver exam, liver function tests or jaundice.		1	2	3
4. Failure to thrive.		1	2	3
5. Hematochezia.		1	2	3
6. Malabsorption.		1	2	3
7. Vomiting and diarrhea.			1	2,3

GOAL 3: Conditions Generally Referred (Gastroenterology): Understand how to recognize and initiate management of gastrointestinal conditions which generally require referral.

COMPETENCIES: (PC, MK, SBP)	**<25%**	**25-50%**	**50-75%**	**75-100%**
Identify, provide initial management of, and refer appropriately these conditions:				
1. Conditions warranting urgent surgical or gastroenterology referral (appendicitis, bowel obstruction, volvulus, intussusception, pyloric stenosis, coin ingestions lodged in esophagus, caustic ingestions, biliary atresia/stones or congenital GI bleeding, blunt abdominal trauma).		1	2	3
2. Hepatobiliary diseases (hepatitis which is either neonatal, chronic, or persistent; undiagnosed hyperbilirubinemia; alpha 1 antitrypsin; pancreatitis; hepatosplenomegaly).		1	2	3

3. Intestinal mucosal conditions (inflammatory bowel disease, colitis, significant gastrointestinal bleeding).		1	2	3
4. Nutritional deficiencies which are severe or uncommon (rickets, kwashiorkor, marasmus).		1	2	3
5. Malabsorption entities (celiac disease, cystic fibrosis, following serious GI infection, undiagnosed).		1	2	3
6. Others such as morbid obesity, anorexia nervosa, bulimia, severe failure to thrive.		1	2	3

GOAL 4: Vomiting: Understand the diagnosis and management of vomiting.

COMPETENCIES: (PC, MK)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Distinguish normal spitting up and functional gastroesophageal reflux from more serious vomiting disorders.			1	2,3
2. Identify the common and serious disorders leading to vomiting (both intestinal and extraintestinal) and the appropriate use of laboratory and imaging studies to clarify the diagnosis.		1	2	3
3. Identify and refer children with intestinal obstruction leading to vomiting.		1	2	3
4. Differentiate typical viral gastroenteritis from other causes of vomiting.			1	2,3
5. Recognize signs and symptoms of dehydration, calculate deficits, and maintenance requirements and demonstrate knowledge regarding appropriate treatment with IV fluids versus oral rehydration solutions.			1	2,3

GOAL 5: Abdominal Pain: Understand the diagnosis and management of abdominal pain.

COMPETENCIES: (PC, MK)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Identify the common causes of abdominal pain and differentiate recurrent abdominal pain of childhood and irritable bowel syndrome from other organic causes.		1	2	3
2. Demonstrate the ability to take a complete history related to abdominal pain including diet history, bowel patterns, and psychosocial history.			1	2,3
3. Describe a step-wise approach to the work up of a patient with abdominal pain.			1	2,3

GOAL 6: Diarrhea: Understand the diagnosis and management of diarrhea.

COMPETENCIES: (PC, MK)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Define infectious and non-infectious causes of diarrhea.			1	2,3
2. Describe the appropriate diagnostic work up for the patient with acute, subacute, or chronic diarrhea.		1	2	3
3. Describe appropriate dietary therapy for the patient with diarrhea based on etiology including the role and use of oral rehydration solutions.			1	2,3
4. Describe an appropriate diagnostic work up for the patient with poor growth and suspected malabsorption.		1	2	3

GOAL 7: Nutrition (Gastroenterology): Understand principles of nutrition important to the general pediatrician.

COMPETENCIES: (PC, MK)	<25%	25-50%	50-75%	75-100%
1. Collect an age-appropriate nutritional history and perform an age-appropriate exam for nutritional disorders.			1	2,3
2. Identify the major components (e.g., carbohydrate, protein, fat sources), the differences of and the indications for using the following milk types: human breast milk, cow's based infant formula, soy formula, specialized formulas, and whole milk.		1	2	3
3. For the following list of nutritional components, describe children at risk for deficiencies, list common signs and symptoms of deficiency, and identify dietary requirements and sources for and discuss the pediatrician's role in the management of routine cases of deficiencies:				
a. B 12		1	2	3
b. Calcium		1	2	3
c. Calorie		1	2	3
d. Fluoride		1	2	3
e. Folate		1	2	3
f. Iron		1	2	3
g. Protein		1	2	3
h. Vitamins A, D, E, K		1	2	3
4. Explain the concepts of recommended daily allowance (RDA) especially related to food labeling, food pyramid, basal metabolic rate (BMR), stressors and food digestion, and describe changes needed in children who have serious or		1	2	3

chronic illness or who are in the perioperative period.				
5. Manage exogenous obesity utilizing dietary consultation appropriately.		1	2	3

GOAL 8: Prevention (Gastroenterology): Understand the pediatrician's role in the prevention of gastrointestinal disorders.

COMPETENCIES: (PC, MK, PBLI, IC, SBP)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Counsel patients effectively in the following nutritional areas:				
a. Age appropriate diet.			1	2,3
b. Eating habits.			1	2,3
c. Food safety (choking, food preparation, & storage).			1	2,3
d. Prevention of dietary deficiencies or excesses.			1	2,3
e. Prudent diet to reduce cardiovascular or cancer risk in adulthood.			1	2,3
2. Counsel parents about bowel training and dietary prevention of constipation.			1	2,3
3. Demonstrate knowledge about the rationale and recommended immunizations pre and post exposure to prevent Hepatitis A and B.			1	2,3
4. Discuss infection control practices for the prevention of gastrointestinal infections in the day care setting.		1	2	3

GOAL 9: Liver Disease: Understand differential and diagnostic approach to hepatitis, direct hyperbilirubinemia, and liver failure.

COMPETENCIES: (PC, MK)	**<25%**	**25-50%**	**50-75%**	**75-100%**
Recognize the differential diagnosis and treatment approach to:				
1. Hepatitis A, B, C		1	2	3
2. Cholestatic disorders.		1	2	3
3. Chronic acute hepatitis.		1	2	3
4. Indications for liver transplant.		1	2	3
5. Interpretation of liver enzymes.		1	2	3