

# GSH ENDO ROTATION

8/07

**From Dr. William Bennetts**

## Weekly schedule for Endoscopy Rotation

Monday: 0700 Grand Rounds OHSU General Surgery followed by teaching conference  
1030-1200 Inpatient endoscopy lab at Good Samaritan Hosp joining Dr Bennetts  
1200-1700 catch-up time/inpatient follow-up/off

Tuesday 0730 Possible inpatient endoscopy GSH vs. hospital rounds  
0830-1200 Office consults and follow-ups with Dr Bennetts MOB 410  
1300-1700 Outpatient Endoscopy in Northwest Gastroenterology (NGC)  
Endo Unit 6<sup>th</sup> Floor MOB Suite 610

Wednesday  
0700-0800 Surgery M+M GSH Wistar Morris Room Grd Floor Hosp  
0800-0830 Inpatient endoscopy  
0830-1200 Office consults and follow-up MOB 410  
1200-1700 catch-up time/inpatient follow-up/off

Thursday 0800-0830 Inpatient endoscopy or rounds GSH  
0830-1200 Office consults and follow-ups MOB 410  
1300-1700 Outpatient endoscopy MOB 610

Friday 0730-0830 Medical Grand Rounds or Hospital endoscopy  
0830-1200 Office consults or follow-ups MOB 410  
1300-1700 Outpatient endoscopy MOB 610

Dr Bennetts is on call each Thursday night and resident may be held beyond 1700 but does not take night call or weekend call for gastroenterology. Night or weekend call may be required in general surgery at the discretion of the chief resident

Additional GI Med/Surg meetings at OHSU such as Tuesday's meeting are optional

In rotation I am the hospitalist seeing all of the GI patients at GSH and Emanuel. The resident will see all patients for or with me and do all of the hospital procedures for that week. The hospitalist rotations are set up for six month blocks Jan-Jun and Jul-Dec and are published 2-3 months prior. There is no night or weekend obligation for the resident in this part of the experience.

## Curriculum Endoscopy Rotation

Regardless of prior experience, the resident will observe the first upper endoscopy.

1-direct intubation of the esophagus assisted by bite block and left index finger

2-routine upper endoscopy with nurse or physician controlling scope and operator steering and in charge of biopsies, photos and plan

After the first observed case the resident will do all intubation and as able be the operator for all cases.

3-dilation by balloon or over the wire is demonstrated once then done by the resident

4-PEG tubes are done by the resident with minimal assist by staff

Regardless of experience, the resident will insert the colonoscope for staff during at least the initial week of endoscopy sessions.

5-control of the scope on exit will be the resident's responsibility as soon as proficiency in scope advancement and control of upper endoscopy is demonstrated. The scope will be reintroduced into the left colon after retroflexed view is obtained in each of these cases with the resident in control.

6-control of the scope on entry and withdrawal by the resident will start as soon as facility of control of the colonoscope is demonstrated.

7-staff will relinquish the duty of inserting the scope to an assisting nurse as soon as feasible thereafter and hopefully before the last week of the rotation

Esophageal manometry and 24 hour pH studies will be explained, demonstrated and discussed but the resident will be trained in these procedures unless needed for research or practice opportunities.

ERCP attempts are possible but not to be expected. Case volumes are unpredictable and the resident skill level at general endoscopy needs be high.

After a few days of observation, all office and hospital patients will be first seen by the resident who will create the initial note and plan. All office notes utilize the electronic medical record system of Northwest Gastroenterology Clinic. All procedure notes are created by Dr Bennetts at time of service by dictation or electronic record.

The resident may be responsible for presenting cases at Surgery M+M at the discretion of the chief resident.

## **READING**

Residents are expected to review appropriate areas in general surgical texts to test against provided experience. A library of medical texts, multimedia CDs and online references from gastroenterology are available. Volumes of critical articles are both bound and loose for review. Online and on CD are the ASGE Guidelines for Training and Practice including Technology Assessments.

Unique experiences in functional bowel disorders, inflammatory bowel diseases and hepatitis are supported by an extensive library. Up-to-Date and other online references are available in the office through the Legacy echart portal on portable wireless notebooks.

## **OTHER**

As the managing partner of a group of now eight physicians at two offices, I am unable to segregate my activities. The resident observes my dealings with my office manager, my partners and candidates for partnership. More importantly they see my interactions with surgical staff and come to understand how patients are selected for surgery consultation and how I decide which surgeon to consult..

The residents and their significant others are invited to office social events not limited to annual parties in August and December.