

ROTATION SPECIFIC OBJECTIVES

*Division of Gastroenterology, Department of Medicine
University of Toronto*

SELECTIVE – MOTILITY**OVERVIEW**

During this selective, there will be emphasis on assessment tools and management of out-patients with common motility disorders, and focus on motility education, including evaluative tools: esophageal manometry, impedance, ambulatory pH assessment, anal manometry, gastric emptying studies. In addition, trainees will attend at least one half-day in the motility laboratory, where they have the opportunity to observe and learn to interpret motility tracings of common disorders. In addition, there is teaching on various breath tests, including ¹⁴C-Lactulose Hydrogen breath and xylose breath tests during case-based discussions during patient encounters. Endoscopy exposure will be limited to cases in which there is a distinct motility focus. Learning of these objectives occurs throughout the continuum of training at the various core sites, with emphasis at University Health Network (TGH and TWH), as well as during academic half day. Our national Basic Science Series, hosted by CAG for Canadian GI Residents. also highlight key motility topics on an annual basis.

CANMEDS-BASED OBJECTIVES

At the end of this rotation, the GI Resident will be able to:

MEDICAL EXPERT

- Demonstrate knowledge of neuromuscular physiology in the control of swallowing and defecation
- Demonstrate knowledge sufficient to manage common GI motility disorders (e.g. dysphagia, functional dyspepsia, gastroparesis, chronic nausea, recurrent vomiting, IBS, chronic constipation)
- Familiarity with the indications and contraindications of esophageal motility studies (EMS), anorectal manometry (ARM) and ambulatory pH studies
- Interpret esophageal manometry tracings of common esophageal motor disorders (e.g. achalasia), ineffective esophageal disorders (e.g. scleroderma) and esophageal spasm disorders, (e.g. jackhammer esophagus)
- Apply the results of the esophageal manometry study and ambulatory pH study to formulate a comprehensive patient care management plan
- Recognize and interpret common anorectal manometry findings (e.g. able to recognize RAIR, pelvic floor dyssynergy)
- Apply the results of the anorectal manometry study to formulate a comprehensive patient care management plan
- Demonstrate knowledge of the principles, indications and operator characteristics of hydrogen and carbon dioxide breath tests for the assessment of small bowel overgrowth and oro-cecal transit time (OCCT)

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COMMUNICATOR

- Able to communicate the results of investigations and a clear management plan to patient / family

COLLABORATOR

- Work effectively with motility technicians, allied health care team (i.e. speech language pathologist and other subspecialties, (i.e. surgery and psychiatry)
- Effectively communicate key motility concepts and findings to referring physicians

LEADER

- Utilize health care resources appropriately
- Manage time appropriately – outpatient clinics, motility laboratory

HEALTH ADVOCATE

- Demonstrate sensitivity to and the ability to address patient-centred limitations to management (e.g. psychosocial, language barrier, etc.)

SCHOLAR

- Demonstrate knowledge of key basic science principles (biochemistry, physiology, anatomy, pathology, pharmacology) related to motility
- Present a motility topic during the rotation, to GI subspecialty and GIM trainees, in addition to GI Motility Fellow(s) and faculty
- Demonstrate self-directed learning (critical review of motility literature for patient care, rounds)

PROFESSIONAL

- Demonstrates respect for the patient at all times, in discussion of sensitive matters during interview, and during investigative procedures
- Demonstrate respect and honesty at all times toward faculty, patients, peer trainees and other health professionals
- Prepare correspondence (procedure, consultation, follow-up notes) in a timely manner