Name of Fellow: Date:

2. **EPA Title:** Manage common functional gastrointestinal disorders

Detailed Description: Functional gastrointestinal disorders are among the most common indications for gastroenterological consultation by practicing gastroenterologists. At the completion of fellowship training, the GI consultant should be familiar with the concepts of visceral sensation, brain-gut axis, triggering of functional symptoms, and use of pharmacologic and non-pharmacologic approaches for control and management of functional symptoms. The consultant needs knowledge of judicious and limited use of diagnostic studies in functional gastrointestinal disorders, understand the impact of affective, organic and psychological stressors, and develop a compassionate and detail oriented approach to management of functional gastrointestinal disorders.	
Knowledge	• Describe anatomic and physiological basis of brain and gut interactions, including visceral afferent signaling, sensitization and neurobiology of central pain modulation and peripheral pain signaling. • Demonstrate the natural history, presentation, epidemiology and clinical course of common functional gastrointestinal diseases, including irritable bowel syndrome, functional dyspepsia, functional vomiting, noncardiac chest pain, functional heartburn, cyclic vomiting syndrome, narcotic bowel syndrome and chronic unexplained abdominal pain • Recall the pharmacology, efficacy, routes of administration, and appropriate use of medications functional gastrointestinal disorders, including antidepressants, typical and atypical analgesic agents, psychotropic agents, laxatives, antidiarrheal agents, antiemetics • Recall conditions that may mimic or confound the diagnosis of functional gastrointestinal disorders, including the concept of alarm symptoms that would warrant further investigation, and overlap functional syndromes interfacing with organic disorders (e.g. noncardiac chest pain and GERD, IBD and IBS) • Illustrate the role of psychiatric and affective disorders in functional disease; describe appropriate use of diagnostic studies for evaluation of confounding organic diagnoses, triggers of functional syndromes • Describe the utility of general measures and nonpharmacologic intervention for functional gastrointestinal disorders, including establishing a therapeutic patient-physician relationship, cognitive and behavioral therapy, dietary therapy, hypnosis, acupuncture and biofeedback
Skills	• Obtain a comprehensive history pertaining to functional gastrointestinal disorders • Perform directed physical examination that assesses for confounding organic diagnoses and alarm symptoms warranting further investigation; perform a digital rectal examination as part of the assessment of every patient (other than those presenting with dysphagia), and particularly in patients with defecatory disorders

	• Order limited, appropriate laboratory studies, radiologic studies, diagnostic motility studies and endoscopy for exclusion of organic disorders when warranted • Integrate pharmacologic management, nonpharmacologic management, complementary and alternative medicine in effective management of functional gastrointestinal disorders
Attitudes	• Develop an understanding of the role of affective disorders, psychological state and abuse history in the presentation of functional gastrointestinal disorders • Demonstrate a sensitive, patient and empathetic approach towards patients with chronic functional gastrointestinal symptoms including pain • Incorporate a team approach utilizing health psychologists, dieticians, psychiatrists, and physical therapists in providing compassionate care that has sound neuropsychological basis • Demonstrate gender, ethnic, cultural and socio-economic sensitivity in choice of management options

Check ACGME competencies applicable to EPA	
Patient Care (PC)	☒
Medical Knowledge (MK)	☒
Systems-Based Practice (SBP)	☒
Practice-Based Learning & Improvement (PBLI)	☒
Professionalism (PROF)	☒
Interpersonal & Communication Skills (ICS)	☒

What subcompetencies are needed to achieve mastery?	**Approximate Time Frame Trainee Should Achieve Stage**
Patient Care (PC): • Manages patients with progressive responsibility and independence. (PC3)	
• Requests and provides consultative care. (PC5)	
Medical Knowledge (MK): • Possesses Clinical knowledge (MK1)	
• Knowledge of diagnostic testing and procedures. (MK2)	
Systems-Based Practice (SBP): • Works effectively within an interprofessional team (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (SBP1)	
• Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care. (SBP3)	
Practice-Based Learning & Improvement (PBLI): • Monitors practice with a goal for improvement. (PBLI1)	
• Learns and improves via feedback. (PBLI3)	

Professionalism (PROF): • Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals, and support personnel). (PROF1)	
• Responds to each patient's unique characteristics and needs. (PROF3)	
Interpersonal & Communication Skills (ICS): • Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (ICS2)	
• Appropriate utilization and completion of health records. (ICS3)	
Stage of training at which supervision level 4 is expected to be reached:	
Potential information sources/assessments to gauge progress Chart stimulated recall ☒ Chart audits ☒ Direct observations ☒ Standardized patient ☐ In-training examination ☒ 360 Global Rating ☒ Patient Survey ☐ Simulation ☒ Portfolios ☒ Other	
Basis for formal entrustment decision by the Clinical Competency Committee: Program director ☒ Faculty ☒ Other	
Implications of entrustment for the trainee: Entrustment would allow the GI consultant to recognize functional presentations distinct from and within organic disorders, direct appropriate diagnostic testing, and implement effective therapy. Once entrusted, the consultant can independently extract sensitive psychological and affective background history, and incorporate psychological elements into an effective multidisciplinary management plan. Entrustment indicates that the fellow is ready for unsupervised practice of this activity in accordance with program policy.	