Name of Fellow: Date:

3. **EPA Title:** Manage common gastrointestinal motility disorders

Detailed Description: Motility disorders interface with many common GI presenting symptoms, including dysphagia, chest pain, nausea, vomiting, constipation and diarrhea. At the completion of fellowship training the GI consultant should develop an understanding of the physiology of the gastrointestinal muscle function, its neural regulation, and common disorders arising from dysfunction. The consultant needs knowledge of the indications, and limitations of diagnostic motility studies, and utilization of motility studies in diagnosis and management of motility disorders. Additional training is frequently required for expertise in detailed interpretation of motility studies.	
Knowledge	• Recognize anatomy and physiology of gastrointestinal contractile apparatus, gastrointestinal sensation, and its neurohormonal regulation including deglutition, gastric emptying, small bowel and colonic motility and transit, sphincter function and dysfunction (including sphincter of Oddi). • Describe the natural history, epidemiology, pathophysiology, and complications of common motility disorders, including achalasia, aperistalsis, gastroparesis, intestinal pseudo-obstruction, colonic inertia, pelvic floor dyssynergia and fecal incontinence • Develop understanding of molecular and genetic basis for certain motility disorders, including achalasia and Hirschsprung disease • Recall the pharmacology, efficacy, routes of administration, and appropriate use of medications for motility disorders, including prokinetic agents, acid suppressive agents, laxatives, antidiarrheal agents • Recall conditions that may mimic or confound the diagnosis of motility disorders, including organic obstructive syndromes, gastroesophageal reflux disease, celiac disease, inflammatory bowel disease, common anorectal disorders (including anal fissures, fistula and hemorrhoids) • Describe the diagnostic motility studies for diagnosis and in directing therapy of motility disorders and their complications; understand clinical indications, cost effectiveness and complications • Recognize situations where invasive intervention and surgical management is indicated in motility disorders, both for short term and long term management of these disorders • Describe the utility of nonpharmacologic intervention for motility disorders, including cognitive and behavioral therapy, dietary therapy and biofeedback
Skills	• Obtain a comprehensive history pertaining to motility disorders • Perform a physical examination that assesses for manifestations and particularly, complications of motility disorders; 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 appropriate laboratory studies, radiologic studies, diagnostic motility studies and endoscopy in the evaluation of motility disorders and their

	complications; apply results from these studies in the management of motility disorders • Integrate nonpharmacologic management, appropriate use of medications, endoscopic and surgical management of common motility disorders
Attitudes	• Develop patience, compassion and ethical principles in managing chronic and disabling symptoms in motility disorders • Team with pharmacists, surgeons, speech pathologists, health psychologists and motility nurses in management of GI motility disorders • 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 reliably recognize situations where common motility disorders are likely in both the inpatient and outpatient setting, and independently recommend appropriate diagnostic testing. Once entrusted, the consultant diagnose common motility disorders and recommend appropriate management; recognize motility disorders that require further expert opinion.

Entrustment indicates that the fellow is ready for unsupervised practice of this activity in accordance with program policy.