Name of Fellow: Date:

9. **EPA Title:** Manage pancreatic diseases

Detailed Description: By the end of gastroenterology fellowship, trainees should have a thorough cognitive understanding of the spectrum of pancreatic disease. Gastroenterologists should be able to obtain pertinent information through patient history, physical examination, laboratory, and imaging to evaluate the etiology, severity, complications, and basic management of pancreatic disease. The GI consultant should also recognize the indications for invasive testing of the pancreas including EUS and ERCP. The trainee who aspires to be an expert in pancreatic endoscopy usually requires additional dedicated advanced endoscopic training with a focus on ERCP, EUS, and endoscopic management of pancreatic diseases.	
Knowledge	• Describe the normal anatomy of the pancreas and congenital variants • Describe the physiology of pancreatic exocrine secretion of digestive enzymes, including the types of enzymes, their mechanisms of activation, regulation, and roles in digestion • Summarize the epidemiology, etiology, pathophysiology, natural history, prevention, and management of acute and chronic pancreatitis and its complications • Recognize the epidemiology, etiology, natural history, and management of pancreatic cancer and related complications • Describe the epidemiology, pathology, natural history, and management of pancreatic cystic lesions • Summarize the basics of the molecular genetics of pancreatic disease with particular reference to hereditary pancreatitis and cystic fibrosis, their diagnosis and management • List the indications for and the interpretation of test results in the diagnosis and management of pancreatic diseases including serum enzymes, tumor markers, fecal studies, and cytological analysis of pancreatic fine needle aspirates. • Summarize the principles, utility, indications for, and basic interpretation of all radiographic studies of the pancreas. • Summarize the basic principles, utility, and complications of pancreatic surgery • Recognize principles of nutritional support for patients with both acute and chronic pancreatitis • Describe endoscopic, radiologic, and surgical therapeutic interventions and their risks and benefits for pancreatic diseases • List indications, contraindications, alternatives, and complications, of ERCP and EUS in the diagnosis and management of pancreatic disease
Skills	• Obtain a thorough history of pancreatic disorders and presentation of common pancreatic disorders such as acute and chronic pancreatitis • Perform a physical exam that would identify signs of severe pancreatitis, pancreatic insufficiency and related systemic manifestations

	• Identify and manage systemic manifestation of inflammatory and neoplastic conditions of the pancreas (acute and chronic pancreatitis, pancreatic cancer) • Order appropriate labs and imaging studies to assess various pancreatic pathology (Transabdominal US, CT, MRI/MRCP) • Manage acute pancreatitis with proper use of fluids, antibiotics, and supportive hospital care • Provide basic interpretation of results EUS and ERCP images for diseases of the pancreas • Work effectively within a multidisciplinary team of diagnostic and interventional radiologists, pathologists, oncologists and surgeons in the care of the patient with pancreatic disorders as appropriate.
Attitudes	• Apply ethical principles in discussing and applying pancreatic evaluations and interventions including clear presentation of risks, benefits and alternatives to the various diagnostic and therapeutic options • Consider alternative palliative approaches to treatment of advanced and terminal pancreatic diseases. • Respect personal choices for treatment and end of life decisions. • Consider psychosocial impact of debilitating conditions like chronic pancreatitis

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)	
•	

Practice-Based Learning & Improvement (PBLI): •	
•	
Professionalism (PROF): •	
•	
Interpersonal & Communication Skills (ICS): • Communicates effectively with patients and caregivers. (ICS1)	
• Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (ICS2)	
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 indicates that the fellow is ready for unsupervised practice of this activity in accordance with program policy. This includes the ability to recognize when higher-level consultation is required. It is recognized that achieving proficiency in advanced pancreatic endoscopy requires time and continued guidance, which usually extends beyond the end of the 3rd year of training.