

Pediatric Gastroenterology Clinical Elective

Elective rotation available for all Pediatric and Med-Peds residents

Value of the Rotation:

- The GI system, growth and nutrition are essential to the health of children. There are numerous diseases that affect these traits and identifying them is important to restore health. In addition, GI complaints, such as constipation, reflux abdominal pain, diarrhea, failure to thrive and vomiting are common in the pediatric population. Residents of all levels (pediatrics and med-peds) will learn how to evaluate and treat these diagnoses during their rotation.

Broad Goals:

- Evaluate and treat patients with common GI conditions and recognize the red flags associated with them.
- Assess the appropriate level of care needed for patients and recognize when interventional procedures are needed.

Objectives:

- Observe an upper and lower endoscopy.
- Learn to dictate clinic notes.
- Evaluate, examine and present **inpatient consults to** the attending on service. Continue to follow them while they are admitted.

Rotation Description:

- Residents will see patients in the hospital and in clinic settings and present them to the attending they are working with. Residents should see a variety of clinic settings including general Peds GI, multidisciplinary IBD and EoE clinics, and feeding clinic.

Expectations:

1. **Attend Peds GI ward rounds** then go to clinic or endoscopy.
2. **Staff consults with the inpatient attending** and follow their progress while Peds GI is involved.
3. Give a 30 min presentation on a pediatric GI topic to the inpatient team and attending.
4. Attend your continuity clinic and all regularly scheduled peds lectures.
5. Residents are expected to be in the hospital and available via page for consults and clinic from 8am-5pm, Monday - Friday.
6. There are no night or weekend responsibilities directly related to this elective, however residents may be needed to staff cross-covers on the weekends and occasionally during the week.
7. Residents are expected to communicate with the attending early in the rotation if other time is going to be missed, such as for a doctor's appointment.

Reading/Resources:

Abdominal pain:

Chronic Abdominal Pain in Children: A Technical Report of the American Academy of Pediatrics and the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. JPGN 2005Mar;40(3):249-61. Review.

Celiac disease:

[Guideline for the diagnosis and treatment of celiac disease in children: recommendations of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition.](#)

J Pediatr Gastroenterol Nutr. 2005 Jan;40(1):1-19.

Celiac Disease: A Review. JAMA Pediatr. 2014 Jan 6. doi: 10.1001/jamapediatrics.2013.3858.

Constipation:

Evaluation and Treatment of Constipation in Infants and Children: Recommendations of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. JPGN 2006;43:e1-e13.

Chronic diarrhea:

How to Do in Persistent Diarrhea of Children?: Concepts and Treatments of Chronic Diarrhea. [Pediatr Gastroenterol Hepatol Nutr](#). 2012 Dec;15(4):229-236. Epub 2012 Dec 31.

Eosinophilic esophagitis:

Management guidelines of eosinophilic esophagitis in childhood. [J Pediatr Gastroenterol Nutr](#). 2014 Jan;58(1):107-18.

Failure to thrive:

Failure to thrive: an update. Am Fam Physician. 2011 Apr 1;83(7):829-34.

Jaundice:

Guideline for the Evaluation of Cholestatic Jaundice in Infants: Recommendations of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. J Pediatr Gastroenterol Nutr 2004;39:115-128.

Inflammatory Bowel Disease:

Differentiating ulcerative colitis from Crohn disease in children and young adults: report of a working group of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition and the Crohn's and Colitis Foundation of America. J Pediatr Gastroenterol Nutr. 2007 May;44(5):653-74.

Reflux:

[Pediatric gastroesophageal reflux clinical practice guidelines: joint recommendations of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition \(NASPGHAN\) and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition \(ESPGHAN\)](#).

J Pediatr Gastroenterol Nutr. 2009 Oct;49(4):498-547.

Individualized Curriculum:

There are a number of optional experiences available. If the learner is interested, they will need to contact the person listed next to the experience to coordinate scheduling.

- Attend a session at the feeding clinic in Briarcrest (1st and 3rd Thursday morning clinic is multidisciplinary clinic). Contact: Dr. Keith Williams.
- Attend a session of the weight management clinic. Contact: Dr. Ron Williams or Dr. Marsha Novick.
- Observe a radiologic upper GI and rehab swallow study with speech therapist.
- Meet with Tammy Drasher (nutritionist) to review gluten free diet teaching.
- Meet with Liz Reid?, pulmonary nutritionist, to learn about high calorie diets and pancreatic insufficiency dietary considerations.
- Attend clinic during a multidisciplinary clinic session including: Pediatric Inflammatory Bowel Disease clinic and Peds IBD transition clinic, contact: Dr. Tolulope Falaiye. Eosinophilic esophagitis clinic, contact: Dr. Punit Jhaveri.
- If 2 weeks of this elective are done during residency, this will count as a key elective.

Feedback and Evaluation:

- An end of rotation evaluation will be provided by the program director. Learners can request feedback from the attending they are working with at any time.

Questions & Concerns:

- Please contact **Dr. Punit Jhaveri** with any questions, concerns or clarifications regarding this elective.

Logistics**First day/orientation information**

- The week prior to the rotation, residents should receive a schedule from Dr. Punit Jhaveri, indicating where to go including for the first day of the rotation.

What is the schedule/who will you work with?

- The pediatric GI clinic is in the University Physician Center, suite 1100. Learners should go to the front desk and ask where the Peds GI physicians are sitting. They will be directed to the appropriate work room. Learners should direct questions to the on call Peds GI physician.