

ST. MICHAEL'S HOSPITAL

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GASTROENTEROLOGY HOUSESTAFF MANUAL

PURPOSE : to provide

- 1 An overview of the Gastroenterology Division
2. Contact information for Staff physicians and Multidisciplinary Team
3. Research activities in Gastroenterology
4. Details regarding some practical daily functions
5. A summary of Rounds and Learning opportunities.
6. Objectives of this rotation

We will aim to maximize your educational opportunities during your rotation with the Gastroenterology Division at St. Michael's Hospital.

1. OVERVIEW:

The Gastroenterology Division at St. Michael's Hospital is an exciting and busy division with 12 full time staff members. (see Table 1). Dr Jan Irvine is the Division Head and Dr.Cliff Ottaway is the Education Co-ordinator.

Divisional activities include:

Ambulatory out-patient services,

Gastroenterology in-patient care,

Consultations for patients in the Emergency Department

Consultations for in-patients on Medical and Surgical services in the hospital

Nutrition (TPN) service,

Endoscopic procedures (approximately 14,000 procedures per year)

Research (see Section 3 below)

2. CONTACT INFORMATION:

Table 1 Telephone List for GI Staff Physicians

| Gastroenterologist | Secretary | Location | Telephone | Fax |
|--|---------------------|------------------------|------------------|------------|
| Baker, Dr. J | Diane Sheppard | 16050 Cardinal Carter | 864-5909 | 864-5995 |
| Connon, Dr. J.J. | Glasyn Cole | 16054 Cardinal Carter | 864-5114 | 864-5749 |
| Irvine Dr, J Division Head | Rita Krueger | 16052 Cardinal Carter | 864-5060 | 861-8378 |
| Jeejeebhoy, Dr. K. | Grace Richards | 16041b Cardinal Carter | 864-5388 | 864-5882 |
| Kandel, G. | Anabela Albuquerque | 16039a Cardinal Carter | 864-3093 | 864-5994 |
| Kim, Dr. Y | Janice Black | 16039 Cardinal Carter | 864-5848 | 864-5994 |
| Kortan, Dr. P | Allison Foster | 16045 Cardinal Carter | 864-3094 | 864-5619 |
| Marcon, Dr. N | Charlene Reilly | 16062 Cardinal Carter | 864-3092 | 864-5993 |
| Moore, Dr. T | Beverley Rich | 16060 Cardinal Carter | 864-5847 | 864-5882 |
| Ottaway, Dr. C. A. Education Co-ordinator | Linda Cizar | 16041 Cardinal Carter | 864-5684 | 864-5882 |

Table 2 MAT Program MULTIDISCIPLINARY TEAM

| Name | Title | Telephone |
|--|--|------------------|
| Management Team | | |
| Joan Henry | Clinical Leader Manager | 864-5552 |
| Cathy Bidwell | 3 Queen 16 Cardinal Carter Clinical Leader Manager Endoscopy | 864-5601 |
| Harriet Georgas | 16 Cardinal Carter Administrative Secretary | 864-6060 x 2534 |
| Case Manager | | |
| Joan Park | Case Manager | 864-6060 x 2764 |
| Dietitians | | |
| Fiona Press | Clinical Dietitian | 864-6060 x 2681 |
| Helen Tomalik | 3 Queen (M,T,W) Clinical Dietitian | 864-6060 x 6229 |
| Cristina Gandolfi | 3 Queen (Th,F) Clinical Dietitian 16 Cardinal Carter | 864-6060 x 6227 |
| Enterostomal Therapy / Wound Care | | |
| Jo Hoefleck | Clinical Specialist/Educator | 864-5112 |
| Pharmacists | | |
| Brian Jurewitsch | Pharmacist | 864-6060 x 6117 |
| Oksana Stepczuk | Pharmacist | 864-5130 |
| Timothy Tran | Pharmacist | 864-6060 x 6117 |
| Physiotherapists | | |
| Shaleen Bhagat | Physiotherapist | 864-6060 x 6230 |
| Wai-Hin Chan | Physiotherapist | 864-6060 x 6230 |
| Social Work | | |
| Catherine McMahon | Social Worker | 864-6060 x 2342 |
| Spiritual Care | | |
| Bertrand Blais | Chaplain | 864-5324 |
| TPN Nurses | | |
| Clare Meechan | TPN Nurse | 864-6092 |
| Tracey Pignatiello | TPN Nurse | 864-6092 |

3. SMH GASTROENTEROLOGY RESEARCH

Nutrition

Dr. Khursheed Jeejeebhoy received his medical degree from the Christian Medical College Hospital in Vellore, India in 1959. Completed residency in India and the UK. He obtained his PhD from London University in 1963. He became Division director of Gastroenterology at the University of Toronto and the Toronto General Hospital. Currently he directs Nutrition Support and is a staff physician at St. Michael's Hospital. He is also a Professor of Medicine, Professor in the Department of Nutritional Sciences and Professor in the Department of Physiology, all at the University of Toronto. He has published over 500 peer-reviewed articles, abstracts and book chapters. He has a CIHR funded research program. He is on the Editorial Boards of Nutritional journals and contributes to the Medical Post. He has received numerous awards throughout his career from Canada, USA and UK. He has been elected senior member of the Canadian Medical Association.

His research interests include the following:

Role of nutrition in Critical Care

Nutrition and Mitochondrial function

Interaction of cachectin (TNF) and nutrition

Capsule enteroscopy

Dr. Kim

Nutritional modulation of colorectal carcinogenesis

Gene-Nutrient interactions

Colorectal cancer screening and prevention

Therapeutic Endoscopy

Dr. Marcon

Photodynamic therapy of mucosal disease

Spectral imaging of mucosal dysplasia

Dr. Kortan

Genetics of pancreatitis

Inflammatory bowel disease

Dr. E. Jan Irvine is Division Head of Gastroenterology at St. Michael's Hospital. She completed undergraduate and Specialty training at the University of Toronto and an M Sc. at McMaster University in Clinical Epidemiology. Her interests focus on inflammatory bowel disease (IBD), functional bowel disorders and colorectal cancer. She has had a leading role in developing outcome assessment tools like the IBDQ, a QOL instrument for patients with IBD and is involved in designing studies, assessing new technologies, therapies and pharmacoeconomics. She is on several international committees promoting research, is editor of a GI textbook ***Evidence Based Gastroenterology*** and has mentored many trainees and post-doctoral fellows in Gastroenterology and research projects. She currently has over 90 publications, 17 published book chapters and 125 published abstracts.

Her research interests include the following:

Assessment of Technology in IBD

Novel therapies in IBD and functional bowel disorders

Psychosocial impacts of bowel diseases

Dr. Baker

Innovative therapies in IBD

Capsule enteroscopy

Clinical Aspects of Gastroenterology

Dr. Connon Clinical Problems in Gastroenterology

Dr. Kandel HIV and GI disease, Clinical Problems in Gastroenterology

Dr. Moore Clinical Problems in Gastroenterology

Dr. Ottaway Ethical Issues in Gastroenterology, Clinical Problems in Gastroenterology

4. DAILY FUNCTIONS OF THE GI DIVISION

GI Team:

While you are with the GI division, you will work as a member of a Team

The Team will include:

Gastroenterology fellows

Endoscopy fellows

General Internal Medicine Resident(s)

Medical student(s) undertaking an elective with the Division

Designated Attending staff

Designated Consultant staff

Gastroenterology IN-PATIENTS

Gastroenterology in-patients are admitted to the GI service on 3-Queen and 16-Victoria. The GI service is allotted 14 beds. Patients on the are cared for by the “Team” under the supervision of a designated Attending Staff member. The attending staff rotates each 2 weeks.

Attending rounds occur between 0800h-09:30h. The primary purpose of the Attending Rounds is to direct the care of the patients. Teaching will be focused on the decisions and issues arising from the patients’ problems.

When patients are admitted, it is the responsibility of the Gastroenterologist who usually attends the patient outside of the hospital to communicate with the Attending Staff regarding investigational or therapeutic plans for that patient. When patients on the service require endoscopic procedures, these procedures will normally be done under the direction of the GI staff who looks after that patient outside of the hospital.

Occasionally, patients may be admitted following complicated endoscopic procedures. These patients will be cared for by the Therapeutic Endoscopy Fellow under the supervision of their corresponding Staff Gastroenterologist (or his/her designate). The Staff physician (or designate) caring for these patients will contact the Resident on call before 17:00 h about any anticipated problems for that patient. This is especially important of Friday afternoons, so that care plan for all patients on the “non-teaching” service can be discussed.

Admissions

Elective admissions are arranged through the attending physician on ward service. GI staff who request elective admission will provide the team with investigation and/or therapeutic plans for that patient prior to admission.

Consultations

The GI Division is always responsive to calls for consultation for any patient in the Emergency Department or on other services within the hospital. It is usually convenient to have the consults filter through the GI Fellow so that consultative opportunities can be distributed fairly.

Consults should be seen and reviewed within 24 hours. Please discuss urgent questions with the GI Fellow as soon as the patient is seen.

Consult rounds occur every day Monday through Friday at 15:00h.

Supervision of the consult service is taken in rotation by the GI staff, who takes responsibility for endoscopic investigations for patients on the consult service. Consult rounds are a dynamic combination of patient care and teaching and provide all members of the team an opportunity to learn about a spectrum of GI disorders.

Emergencies

The highest priority should be given to consultations from the Emergency Department. Patients requiring out-patient follow up can be referred to the attending staff on call that day, or to the Staff on the consult service depending upon urgency. High priority should be given also to other GI emergencies within the hospital, for example, GI bleeding. These patients should be seen as soon as possible and reviewed early so that appropriate arrangements can be made for any urgent procedures.

Night Call

The senior GI Fellow arranges the night call schedule .

Discuss your preferences with him/her by the middle of the preceding month.

Endoscopy Fellows take 2nd call for urgent procedures.

Vacation time while on the service must be cleared with Dr. Ottaway.

After hours, call Staff to review urgent consults, patients who are to be discharged from the Emergency Department, or if there are any questions or problems.

It is departmental policy that private patients who phone locating in the off hours are to be referred either to their specific staff physician or to the staff physician on-call for that subspecialty.

ENDOSCOPY

The endoscopy unit has scheduled procedures Monday to Friday, 07:45- 16:00h. When you wish to arrange for an endoscopy on any patient (emergency or otherwise) it must be done with the approval and under the guidance of a staff doctor who takes responsibility for it. Procedures for patients from the Consult service can be scheduled through the **16 Cardinal Carter Booking, extension 5499.**

Endo Suite extension 5536

Emergency procedures should be discussed with the GI fellow and Staff so that urgent arrangements can be made.

If you wish to be present during a procedure on a patient for whom you are caring, write your pager number next to the listed procedure for the patient so that you will be paged when the procedure is done.

Ambulatory Care

Dr. Paul Kortan supervises a Gastroenterology clinic on 4 CC each Monday morning, Dr. Jan Irvine holds a Gastroenterology clinic on 4CC each Thursday morning. Dr. Florence Wong supervises a Hepatology clinic on 4 CC each Wednesday morning. Arrangements can be made for you to participate. Arrangements can be made for you to participate in ambulatory care by attending the offices of various GI Staff. Speak to Dr. Ottaway to make these arrangements.

Residents can schedule patients who may have been seen in the Emergency Department for follow-up under the direction of the GI Staff on the consult service. Discuss this with the Staff to make mutually suitable rapid followup for such patients.

TPN Service: Drs. Baker and Jeejeebhoy direct the TPN service on alternate months. Generally the GI Fellow is responsible for this. However, there is an opportunity for residents to participate and learn about nutritional support. If you wish to participate, speak to either Drs. Baker or Jeejeebhoy. TPN rounds with a full review of patients and concepts occur each Tuesday morning at 8:30 a.m. in the GI library.

5. TEACHING SCHEDULE AND ROUNDS

Table 3 St. Michael's GI Division Teaching Schedule

Tuesday am rounds: Biopsy (1st Tuesday of month-research rounds, 2nd and 4th Tuesdays biopsy rounds, 3rd Tuesday-mortality and morbidity rounds)*

| | Monday | Tues | Wed | Thurs | Friday |
|------------|---|---------------------------|---------------------------------|-----------------------------|-------------------------------|
| 7:30 | | Biopsy Review Rounds* | | | |
| 8:00 AM | Ward | Ward | Ward | Ward | Ward |
| 8:30 | | TPN | | | |
| 9:00 | GI Disease Clinic (Dr. Kortan) | | Liver Disease Clinic (Dr. Wong) | GI/IBD clinic (Dr. Irvine) | |
| 12:00 noon | | Critical GI Topics Rounds | Medical Grand Rounds | GI Fellow's Teaching Rounds | GI-Pathology & Imaging Rounds |
| | | | | | |
| 3:00 PM | Consult Rounds | Consult Rounds | Consult Rounds | Consult Rounds | Consult Rounds |
| 4:30 PM | Gastroenterology & General Surgery Rounds | | | | |

Teaching Schedule and Rounds

Combined Gastroenterology & General Surgery Rounds

This round is clinically based and shared between Surgery and GI with each presenting approximately twice per month. The rounds involve brief case presentations with relevant literature review and active discussion.

Gastroenterology, Gastrointestinal Pathology and Gastrointestinal Imaging Rounds

These occur Friday at 12 Noon. GI is responsible for 3 out of 4 weeks and Diagnostic Imaging the other one. The format is more formal and ideally takes the form of a critical review of some aspect of GI disease or physiology relevant to a challenging case. It is generally recommended to undertake a review of a specific problem or issue rather than a comprehensive review of an entire topic. Active discussion is encouraged and the opinions and comments of our Pathology, Radiology and Surgical colleagues should be solicited. The formal presentation should be complete by 12:45 to leave time for detailed discussion. Each resident on the service is responsible for one of these rounds. The schedule should be worked out at the beginning of the rotation with the GI Fellow. Plan ahead! Advice is available from the GI fellow, the Attending Staff or the Consultant Staff regarding preparation of rounds.

Biopsy Review Rounds

These rounds review pathological features from important cases selected by Fellows and Staff. These occur Tuesdays at 7:30 AM in the Pathology seminar room 2 Cardinal Carter.

GI Topic Rounds

These rounds are led by Staff and focus on critical assessment of new developments in Gastroenterology. A separate compendium of articles is prepared for these rounds.

GI Fellows Rounds.

The Senior GI fellow will take a round with the Team each week. Staff are excluded from these rounds. Their purpose is to discuss approaches to key problems. Each resident will be provided with a compendium of relevant articles.

6. OBJECTIVES OF THIS ROTATION

The detailed objectives vary for individual residents and depend in part on their level of seniority. However, it is expected that all residents become conversant with the main issues of digestive disease and learn how to clinically care for such patients.

Below is a list of important issues and topics which you should be sure to have covered clinically, on rounds or through your own reading. This is not-exhaustive and should be supplemented by your own objectives.

ESOPHAGEAL DISEASE

- ' dysphagia
- ' motility disorders
- ' gastroesophageal reflux disease
- ' cancer
- ' infectious esophagitis
- ' non-cardiac chest pain

STOMACH

- ' upper GI bleeding
- ' peptic ulcer disease
- ' H. Pylori
- ' neoplasms
- ' NSAID gastropathy

SMALL BOWEL

- ' malabsorption and physiology of absorption
- ' short bowel syndrome
- ' Crohn's disease
- ' tumours

' vascular disease of bowel

COLON

' IBD

' colorectal cancer

' infectious enterocolitis

' lower GI bleeding

' diverticular disease

' irritable bowel syndrome

' ano/rectal disorders

LIVER

' evaluation of the jaundiced patient

' acute hepatitis

' chronic hepatitis

' drug injury of liver

' alcoholic disease of liver

' portal hypertension and liver failure

' tumours

BILIARY TREE

' gallstones

' other diseases of the gallbladder

' sclerosing cholangitis

' causes of obstructive jaundice

PANCREAS

' acute pancreatitis

' chronic pancreatitis

' malignancies of the pancreas

NUTRITION

' essentials of enteral and parenteral nutrition

DIAGNOSTIC METHODS

' will vary with seniority