Fellow’s Outpatient Endoscopy
Goals and Objectives
Stony Brook University Hospital

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Overview
Stony Brook University Hospital has a rigorous and comprehensive Gastroenterology Fellowship program. While fellows obtain a great deal of endoscopy experience while on inpatient consultation rotations, much of gastroenterology practice after fellowship will be performing involve routine, non-emergent endoscopies. To cater this, and to increase the procedural experience for trainees, fellows on IBD, elective, or hepatology rotation are assigned by the chief fellow to perform outpatient endoscopies on Monday afternoons under the supervision of an attending. In addition to this, most days on the endoscopy rotation and few days on other rotations, fellows are assigned to perform outpatient procedures with General GI and various sub specialty attendings.

Patient Care
Ideally the fellow will be performing outpatient endoscopic procedures on patients previously seen in clinic. The goal of this is to connect the differential diagnosis with pathologic findings on endoscopy. In the cases when the fellow has not seen the patient previously, there will not be an opportunity lost to teach. The indications for the procedure will be reviewed by the fellow and the attending and a plan of what to biopsy, what to expect will be discussed with the fellow and attending. Recent outpatient labs will be reviewed as well to ensure the safety of the procedure. Any procedure deemed unnecessary will be cancelled. This also provides the fellow to become familiar with direct access endoscopy, which is a new trend in gastroenterology to help assist in expediting procedures and to not burden gastroenterologists with well-visits. After the endoscopy fellows will be required to follow up pathology and call/send letters to patients informing them of the final diagnosis and the treatment plan. These plans will be discussed with the attending of record to ensure standard of care follow up (ie. For post polypectomy surveillance).

Endoscopy
Fellows will both learn and perfect standard endoscopic techniques such as biopsy, polypectomy, and snare lift polypectomy/endoscopic mucosal resection (EMR). Intubating the terminal ileum in colonoscopy will be stressed, as well as identifying endoscopic landmarks such as the appendiceal orifice and ileocecal valve. Fellows will also learn when a polyp removal should be undertaken by a therapeutic endoscopists (ie. Very large polyps needing piecemeal EMR or wide-resection EMR)

Education
Fellows will be expected to learn:
- Proper indications for outpatient endoscopy and colonoscopy
- Patient safety both pre, intra, and post procedureally
- The boston bowel prep score
- A proper documentation of a procedure to adhere with insurance and quality guidelines (ie. To document date of patient’s last colonoscopy, to make sure prep quality is in report)
- Proper routine techniques for sampling in certain conditions (ie. Celiac duodenal biopsies or random colonic biopsies to diagnose microscopic colitis)
- Proper endoscopic techniques for biopsy and polyp removal
- Proper endoscopic techniques to manage immediate complications such as bleeding
- Proper follow up of pathology such as polyp surveillance and follow up/treatment plans such as starting meds in EoE patients

Over the two years of outpatient endoscopy, fellows will be expected to read the documents below. Other articles will be added to this reading syllabus as they are published in the literature.

**Relevant/Landmark Articles for the Endoscopy Rotation for 2/3rd Year Fellows**

**Pre-Procedure:**


Diabetes management: No guidelines, please refer to: http://www.joslin.org/info/joslin-clinical-guidelines.html

**Polyp Management:**


**Adverse Events:**


**Intra-procedure:**


**Quality:**