

Hepatology

I. General Information

- a. **Rotation Length:** Two to four weeks
- b. **Rotation Director:** Donald Hillebrand, MD
- c. **Attending Physician:** Donald Hillebrand, MD

II. Orientation

- a. The resident must contact Christy Eichelberger at Dr. Hillebrand's office at 241-4044 the week before the rotation is scheduled to begin in order to confirm and schedule orientation. The orientation to the rotation and the office will be provided by Dr. Hillebrand and/or his designee.
- b. The resident must advise Dr. Hillebrand in advance of any scheduled absences from the rotation, including continuity clinic, educational activities, vacation or any authorized absences.

III. Rotation Description

- a. **Educational Goals and Purpose:** The goals and purpose of this rotation is to provide an opportunity for the resident to learn about common and uncommon hepatic disorders seen in a hepatologist's office and on an inpatient service, to become familiar with the diagnostic evaluation of patients with hepatic disease, and to learn the management of hepatic disorders commonly seen by internists.
- b. **Objectives:**
 - i. Learn the presentation, diagnosis and management of common hepatic disorders, including acute and chronic hepatitis, nonalcoholic

steatohepatitis (NASH), hepatic steatosis, cirrhosis of the liver, and neoplastic diseases involving the liver.

- ii. Practice and refine the examination of the liver, and know the physical stigmata of liver disease.
- iii. Learn to perform abdominal paracentesis in the patient with ascites.
- iv. Understand the diagnostic evaluation of ascites.

c. Principal Teaching Methods: The principal teaching method will be a combination of clinical teaching provided by the faculty physician with whom the resident works and case-based learning used approved sources. The resident should read the MKSAP section on Hepatology, and complete any assigned readings given by the rotation director.

d. Educational Format: The resident will complete this rotation in the office of Dr. Hillebrand at 1215 Pleasant, Suite 506, and in the hospital at Iowa Health-Des Moines. The resident will be under the direct and indirect supervision of Dr. Hillebrand. The resident will see patients in the office from Monday through Friday, 8:00 AM to 5 PM, and may see hospital consults as directed by Dr. Hillebrand. The resident will see assigned patients, complete a clinically relevant history and physical examination, and then present the patient to Dr. Hillebrand. The resident and Dr. Hillebrand will discuss the patient and the diagnostic and management plan as time permits, and the resident will participate in discussions Dr. Hillebrand has with the patient. The resident will perform abdominal paracentesis under the direct or indirect supervision of Dr. Hillebrand. The resident will complete any documentation requested by Dr. Hillebrand, and assist with the disposition of the patient.

In addition, the resident may have the opportunity to observe liver biopsies.

e. Educational Content: The resident will encounter a wide variety of hepatic diseases commonly seen by a hepatologist in both an ambulatory and inpatient setting, including acute and chronic viral hepatitis, drug-induced hepatitis, cirrhosis of the liver, ascites, neoplastic disease involving the liver, metabolic diseases involving the liver, nonalcoholic steatohepatitis, and

hepatic steatosis. The resident will have an opportunity to review the results of diagnostic paracentesis. In addition, the resident may have the opportunity to observe liver biopsies, and the performance of noninvasive diagnostic modalities used in the evaluation of acute and chronic liver disease, and learn their indications, contraindications, and limitations.

- f. **Educational Materials:** The resident is expected to read the MKSAP section on Hepatology during this rotation. In addition, residents are expected to use a core Internal Medicine textbook, or the equivalent, for case-based learning during this rotation. Residents should use a recognized textbook on physical diagnosis in order to further refine their knowledge regarding the abdominal examination and examination of the liver.

IV. **Competency-Specific Learning Objectives**

- a. **Patient Care:** The resident will develop and demonstrate the ability to obtain a focused and clinically relevant history from patients with hepatic disease, properly perform an examination of the abdomen and liver, and correctly interpret diagnostic testing and reports of imaging studies obtained in evaluating patients with hepatic disease. The resident will learn and demonstrate the ability to develop a patient-centered and effective diagnostic and therapeutic plan. The resident will demonstrate proficiency in abdominal paracentesis.
- b. **Medical Knowledge:** The resident will acquire and demonstrate knowledge of hepatic disease, diagnostic modalities commonly used by hepatologists, and knowledge of the indications, contraindications, and complications associated with abdominal paracentesis.
- c. **Practice-Based Learning and Improvement:** The resident will be able to use resources and guidelines to guide management decisions in a real-time fashion, and the resident will be able to identify gaps or deficiencies in his or her knowledge base, and implement strategies to overcome those deficiencies.
- d. **Interpersonal and Communication Skills:** The resident will demonstrate effective, respectful, and timely communication skills. The resident will

demonstrate effective communication skills with patients, families, attending and referring physicians, nursing staff, and administrative staff. All required documentation will be completed in a timely fashion.

- e. **Professionalism:** The resident will demonstrate reliability, punctuality, honesty, and responsibility at all times. The resident will demonstrate dedication to his or her patients and scholarship.
- f. **Systems Based Practice:** The resident will demonstrate the ability to work cooperatively and effectively with nursing staff and clerical staff in providing essential patient care. The resident will demonstrate the ability to use the medical record to obtain necessary clinical information.

V. Operations of the Rotation (What You Need to Know)

- a. **Lines of Supervision and Responsibility:** The resident will be supervised directly and indirectly by Dr. Hillebrand on this rotation. The resident will be responsible for accurate and complete presentations of patient information to the attending physician, completion of any assigned curriculum or clinical duties, and to the policies of the residency program and the institution. The attending physician is responsible for teaching, providing accurate and timely feedback and evaluations, and ensuring a good educational environment and experience for the resident. Any concerns that either the resident or the attending physician has regarding the rotation can and should be directed to the program director.
- b. **Duty Hours:** The resident will be assigned to this clinical rotation from Monday through Friday, excluding recognized holidays, from 0900 to 1700. There is no call during this rotation. There are no weekend duties that are part of this rotation.
- c. **Continuity of Care Clinic:** Residents will continue to participate in Continuity of Care Clinic during this rotation.

VI. Evaluation

- a.** Evaluations will be completed electronically by the assigned attending physician, and will be coordinated and reviewed by the program director before they are released to the resident.

- b.** Evaluations will be in competency-specific language and will reflect the objectives and core competencies described above.

WJY

2/17/12

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