

**Gastroenterology Unit
John Radcliffe Hospital**

Medical Student Information

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Welcome to the Gastroenterology Firm.

The Gastroenterology Unit in Oxford has its clinical base at the John Radcliffe. There are around 1500 inpatients, 3500 new patient gastroenterology referrals, 10 000 follow ups and 12,500 endoscopic procedures per year.

The case mix includes patients with inflammatory bowel disease, intestinal failure, alcoholic liver disease, chronic liver disease, hepatobiliary disease, pancreatic disease and gastrointestinal bleeding. You will see common emergencies as well as the complications of chronic disease.

We expect you to see at least one patient each day. Take the opportunity to take classical histories and see good signs. If you just see one patient that you present on the Consultant ward round or use as a basis for your presentation, that will mean you miss much of the discussion on clinical dilemmas and application of evidence-based practice that is the hall mark of Gastroenterology. The medical school syllabus will help focus your learning.

During your time with us make the effort to see an OGD, ERCP, barium enema or small bowel radiology and MRI. This will enable you to be more empathetic with patients, make your future requests for investigation more informed and help with patient discussions - including at OSCEs!

There is a strong emphasis on multidisciplinary care. There are close ties with surgery, histopathology and radiology. The MDTs and histopathology meetings are vital to gaining a full understanding of the clinical cases seen.

General information

The team is divided into a Luminal side (“the blue patients”) headed by Dr. Travis and Dr. Keshav, and an Hepatobiliary side (“the red patients”) headed by Dr. Chapman and Dr Collier. You should spend one week on each side.

There are four Registrars - 2 Hepatobiliary, 1 Luminal and 1 Nutrition, 3 SHOs and 1 House Officer (F1).

Each day (except Friday) starts with a ward meeting on 5F at 8.30am sharp. The patients are discussed in turn and any interesting investigations or procedures are flagged up. This is also the best time to sort out which student will attend endoscopy /clinic /ward round.

There is one weekly consultant ward round per side. You are expected to know all of the patients on your nominated side and to present at least one on the round.

Outpatients

This is an excellent opportunity to get one-on-one consultant teaching. You should attend both the general and specialty clinics to make the most of a valuable resource. The clinics start promptly at 9am and 1.30. Since the new patients are booked in first, it is important that

you come on time – otherwise you will miss an opportunity to clerk new patients who have not seen anyone else, and miss the teaching that goes with it. Make sure that when you clerk a patient that you do commit yourself on paper to a differential diagnosis and plan of investigation. This concentrates the mind wonderfully and facilitates teaching.

Student presentations

You will each be required to give one twenty minute presentation during the placement. This will often be attended by the whole team. It's often best to base the talk around a patient seen on the ward or in clinic. Ask us for hints as to possible candidates - many of the patients who have been in for some time will have been presented before. Be aware that the facilities in 5CD seminar Room do NOT include a laptop: make sure you bring your own/from the library and that the system is up and running, ready to go at 11.15.

The most important aspect of the presentation is to focus on a clinical dilemma posed by the patient, present the literature and then relate it back to the patient concerned. This is the application of evidence-based medicine to patient care. The evidence base may be wanting and the patient may not illustrate all facets of the clinical problem, but show that you can weigh up evidence for and against a clinical diagnosis and draw reasoned conclusions.

Ensure that you know the papers well - inclusion criteria / sample size/ end points. The Consultants know and they are bound to ask! Please avoid basing the talk on a general medical textbook such as Kumar and Clarke: it makes the topic too broad, too superficial and insufficiently focussed. If presenting an overview rather than a critique of one study, include papers from more than one centre. Critically appraise the studies and favour meta-analyses, but be aware of the limitations of this technique. Include any progress on the patient that has occurred since the talk was written - it's always helpful to bring things back to a clinical case.

What we expect from you

Please be punctual. Ward meetings and clinics are particularly sensitive to tardiness. Aim to attend two clinics, one endoscopy list, an Xray meeting and a ward round a week. This is a clinical placement. You should be on the wards shadowing the SHOs as much as possible, and talking with patients. The Tuesday afternoon clinic starts at 1.30 sharp and is the best time of the week to see new patients.

You are a valuable member of the team and we enjoy having you around. Ask lots of questions – the more you put in the more you'll get out.

What you can expect from us

The teaching is mainly “hands on”, centered around what is seen in endoscopy or on the wards. You will have the opportunity to perform procedures such as cannulation, venesection and ascitic drainage.

By the end of your placement you should have an appreciation of the scope of Gastroenterology. We will help you develop your generic skills of history taking and presentation. If you have specific educational needs, such as practice examining the abdomen, please highlight this with the liaison SpR early on and we will do our best to ensure these needs are addressed.

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