

GERD

The resident will be able to describe:

1. Clinical presentation
2. Questions appropriate to delineate GERD including non-cardiac extraesophageal presentations; e.g. aspiration (cough, asthma, pneumonia)
3. Alarm symptoms
4. Appropriate physical examination
5. Differential Diagnosis – including red flags
6. Investigations:
7. Indications for diagnostic evaluation including red flags
8. Therapeutic choices from a:
9. Non-pharmacologic treatment
10. Pharmacologic treatment
11. Indications for consultation/surgical intervention

Dyspepsia

1. In a patient presenting with dyspepsia, include cardiovascular disease in the differential diagnosis.
2. Attempt to differentiate, by history and physical examination, between conditions presenting with dyspepsia (e.g. gastroesophageal reflux disease, gastritis, ulcer, cancer), as plans for investigation and management may be very different.
3. In a patient presenting with dyspepsia, ask about and examine the patient for worrisome signs/symptoms (e.g. gastrointestinal bleeding, weight loss, dysphagia).

Peptic Ulcer Disease

1. Define PUD, including epidemiology and basic pathophysiology
2. Diagnosis and differential
3. Address the role of H. Pylori- diagnosis (i.e. when to do serology, when to do urea breath test, who needs biopsy etc), treatment both common antibiotic/PPI combos, duration and alternatives for patients with allergies etc, who needs test of cure etc.
4. Review guidelines for referral eg red flags, indications for scope, duration of symptoms etc.
5. Also cover what GI will want along with referral- i.e. ferritin, CBC etc.



Feedback and suggested modifications for these objectives are encouraged after each session. Please direct your comments to your site Curriculum Coordinator.