

Name of Fellow:

Date:

1. **EPA Title:** Manage common acid peptic related problems

Detailed Description: Acid peptic diseases include peptic ulcer disease, gastroesophageal reflux, other erosive foregut diseases where gastric acid contributes to the pathogenesis, acid hypersecretory states, and complications of these processes. At the completion of fellowship training, the GI consultant should have an in depth understanding of the physiology of gastric acid secretion, and the pathophysiology and etiopathogenesis of acid peptic diseases. The consultant should be able to extract appropriate history and physical examination findings to identify acid peptic diseases, apply investigative tests including endoscopy to diagnose and treat these diseases and their complications, and formulate appropriate management plans to manage these disorders and prevent complications.

Knowledge	<ul style="list-style-type: none">• Recognize anatomy and physiology of the esophagus, stomach and duodenum, and pathophysiology of gastric acid secretion in health and disease, including hypersecretory states• Describe the natural history, epidemiology and complications of acid-peptic disorders• Develop understanding of molecular and genetic basis for certain complications, including Barrett’s esophagus, gastric cancer, gastrinoma.”• Associate the role of Helicobacter pylori infection and NSAID use in the pathophysiology of acid-peptic disorders, including detailed understanding of epidemiology, pathophysiology, diagnosis and management of Helicobacter pylori infection• Recall the pharmacology, efficacy, appropriate use, routes of administration, and appropriate use of medications for acid-peptic diseases, including antacids, histamine-2 receptor antagonists, proton pump inhibitors, mucosal protective agents, prostaglandin analogues, prokinetic agents, and antibiotics• Recognize the pathophysiology of gastroesophageal reflux disease, presentation, manifestations, investigation including reflux monitoring, complications, appropriate choice of management options, and potential for premalignant conditions including Barrett’s esophagus• Recall conditions that may mimic or confound the diagnosis of acid peptic disorders, including eosinophilic esophagitis, stress ulcer syndrome, achlorhydria and pernicious anemia, gastric polyps and neoplasia, other esophageal and gastric inflammatory disorders, and elevated gastrin• Describe appropriate use of endoscopy and reflux monitoring for diagnosis and therapy of acid peptic diseases and their complications; understand clinical indications, cost effectiveness and complications; make appropriate screening and surveillance recommendations• Recognize situations where surgical management is indicated in acid peptic diseases, both for short term and long term management of these disorders
Skills	<ul style="list-style-type: none">• Obtain a comprehensive history pertaining to acid peptic disorders• Perform a physical examination that assesses for manifestations and

	<p>particularly, complications of acid peptic disorders</p> <ul style="list-style-type: none"> • Order appropriate laboratory studies, radiologic studies and endoscopy in the evaluation of acid peptic disorders and their complications • Counsel patients about the role of pharmacological and non-pharmacological approaches to treatment of acid related disease • Demonstrate adequate skills to perform diagnostic and therapeutic endoscopy for diagnosis and management of acid peptic disorders and their complications • Integrate nonpharmacologic management, appropriate use of medications, endoscopic management and surgical management of acid peptic disorders and H pylori infection
Attitudes	<ul style="list-style-type: none"> • Apply ethical principles in appropriate use of diagnostic and therapeutic approaches • Team with pharmacists, surgeons, and other disciplines including ear-nose-throat and pulmonary medicine in management of acid peptic disorders • Demonstrate ethnic, gender, cultural and socio-economic sensitivity in choice of management options for acid peptic disorders

Check ACGME competencies applicable to EPA

Patient Care (PC)	<input checked="" type="checkbox"/>
Medical Knowledge (MK)	<input checked="" type="checkbox"/>
Systems-Based Practice (SBP)	<input checked="" type="checkbox"/>
Practice-Based Learning & Improvement (PBLI)	<input type="checkbox"/>
Professionalism (PROF)	<input checked="" type="checkbox"/>
Interpersonal & Communication Skills (ICS)	<input checked="" type="checkbox"/>

What subcompetencies are needed to achieve mastery?	Approximate Time Frame Trainee Should Achieve Stage
<p>Patient Care (PC):</p> <ul style="list-style-type: none"> • Manages patients with progressive responsibility and independence. (PC3) • Requests and provides consultative care. (PC5) 	
<p>Medical Knowledge (MK):</p> <ul style="list-style-type: none"> • Knowledge of diagnostic testing and procedures. (MK2) • 	
<p>Systems-Based Practice (SBP):</p> <ul style="list-style-type: none"> • Works effectively within an interprofessional team (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (SBP1) • Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care. (SBP3) 	
<p>Practice-Based Learning & Improvement (PBLI):</p> <ul style="list-style-type: none"> • 	

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Professionalism (PROF):	
• Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals, and support personnel). (PROF1)	
• Responds to each patient's unique characteristics and needs. (PROF3)	
Interpersonal & Communication Skills (ICS):	
• Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (ICS2)	
• Appropriate utilization and completion of health records. (ICS3)	
Stage of training at which supervision level 4 is expected to be reached:	
Potential information sources/assessments to gauge progress	
Chart stimulated recall.....	<input checked="" type="checkbox"/>
Chart audits.....	<input checked="" type="checkbox"/>
Direct observations.....	<input checked="" type="checkbox"/>
Standardized patient.....	<input type="checkbox"/>
In-training examination.....	<input checked="" type="checkbox"/>
360 Global Rating.....	<input checked="" type="checkbox"/>
Patient Survey.....	<input type="checkbox"/>
Simulation.....	<input checked="" type="checkbox"/>
Portfolios.....	<input checked="" type="checkbox"/>
Other.....	
Basis for formal entrustment decision by the Clinical Competency Committee:	
Program director.....	<input checked="" type="checkbox"/>
Faculty.....	<input checked="" type="checkbox"/>
Other.....	
Implications of entrustment for the trainee: Entrustment would allow the GI consultant to perform independent consults on patients with acid peptic disease and its complications in both the inpatient and outpatient setting, and independently develop and implement clinically appropriate management approaches.	
Entrustment indicates that the fellow is ready for unsupervised practice of this activity in accordance with program policy.	