**November 13, 2018 Academic Half Day Objectives**

**Inflammatory bowel disease**

1. Compare and contrast the risk factors, clinical manifestations, (including extra-intestinal manifestations), and pathologic findings in patients with ulcerative colitis and crohn disease.

2. Compare and contrast the treatment options for ulcerative colitis and crohn disease.

3. Describe the risks for cancer, osteoporosis, and infections for patients being treated for inflammatory bowel disease and their recommended screening tests and preventative treatments.

**GIB**

(short answers…)

1. Though there are more than 10 commonly thought of causes of UGIB, 80% of cases can be attributed to what four causes?

2. Describe the Forrest categories of ulcers and their post-endoscopy management.

3. List the 7 strongest predictors for re-bleeding post endoscopically.

4. List four indications for second-look endoscopy, and the timing of when should it be done.

5. Compare how much aspirin reduced risk over 30 days in cardiovascular disease with how much it increases risk of rebleeding in gastric ulcers.

6. What four causes of lower GIB constitute nearly 80% of instances?

7. What percentage of the time is it from cancer or a polyp?

8. What five criteria predict more severe lower GIB?

9. How does your differential change in cases of occult GI bleeding based on the age of your patient?

10. Compare the diagnostic yield of repeat EGD and colonoscopy, pill endoscopy, push enteroscopy, double-balloon enteroscopy, angiography, and nuclear scans in diagnosing OGIB.

**Hep B: MKSAP + Hep C article**

1. Know the indications for immunization for hepatitis B infection prevention.

2. Who should be screened for hep B?

3. Draw a table of interpretation of Hep B serologies.

4. Which four patient populations should undergo treatment?

5. What six characteristics are associated with increased risk for hepatocellular carcinoma?

Hep C:

1. Who should be screened for hep C?
2. What percentage of infected individuals will progress from acute HCV to chronic, and how many will develop cirrhosis and/or HCC?
3. How are HCV serologies interpreted?
4. Who should be treated?
5. What is a “sustained virological response?”