Using co-design to create patient-centred tools for living with dyspepsia

Authors: Christopher Rice¹, Ashleigh Metcs¹, Brenna Murray¹, Dr. Kelly Burak¹,²,³, Dr. Kerri Novak¹,²,³
¹Physician Learning Program, University of Calgary, ²Calgary Division of Gastroenterology and Hepatology, ³Department of Medicine, University of Calgary

Using co-design, we developed patient and physician resources that can optimize gut health management and potentially reduce esophagogastroduodenoscopy (EGD) usage. This project is part of a larger quality improvement initiative led by the University of Calgary’s Physician Learning Program and the Calgary Division of Gastroenterology and Hepatology.

**Research Questions:**
1. Why are patients with dyspepsia being referred for EGDs?
2. How might we support patients and providers along the dyspepsia primary care pathway?
3. How might a patient education resource package support a reduction in low-yield EGDs?

**Conclusion:**
Using co-design, physicians and patients helped develop useful point-of-care resources that empower patients to manage their condition and facilitate clear communication with primary care providers. We anticipate these resources will also optimize the use of EGDs for healthy adults with dyspepsia. Evaluation of these resources in practice will tell us how effectively they meet the needs of patients and providers.

**What we learned:**
1. Patients expressed a need to advocate for themselves and communicate their experiences and symptoms to providers.
2. Providers identified a need to communicate to patients that dyspepsia can be successfully managed in most cases without performing an EGD.