

## How to Obtain Training in Nutrition During the Gastroenterology Fellowship

Q2 Dejan Micic,<sup>1</sup> Edwin K. McDonald,<sup>1</sup> Adam C. Stein,<sup>2</sup> and Carol E. Semrad<sup>1</sup>

<sup>1</sup>Department of Internal Medicine, Section of Gastroenterology, Hepatology and Nutrition, University of Chicago, <sup>2</sup>Department of Internal Medicine, Division of Gastroenterology and Hepatology, Northwestern University, Chicago, Illinois



The role of diet and nutrition is becoming increasingly recognized in the cause, prevention, and management of disease. A lack of training in the field of nutrition has been recognized in multiple subspecialty fields,<sup>1</sup> and is highlighted by a shortage of physicians trained to manage disease-

related malnutrition.<sup>2</sup> Given the central role of the gastrointestinal system in the field of nutrition, gastroenterologists have the unique potential to take a leading role in the research, management, and training of nutrition as it relates to disease and health for future generations. This requires that fellows in training have adequate nutrition training as directed by the Gastroenterology Core Curriculum.<sup>3</sup> In this Mentoring, Education and Training Corner, we outline deficiencies and expectations in nutrition training as part of a gastroenterology fellowship. We provide references for interested trainees to pursue additional training in this growing field of nutrition support.

### Deficiencies in the Current State of Nutrition Training

Several studies have outlined the deficiencies in nutrition training in both the field of gastroenterology, as well as various medical specialties, ranging from early training periods in medical school,<sup>4</sup> through to subspecialty fellowship training. One study of 134 US gastroenterology fellows assessed perceived knowledge in nutrition using multiple choice questions in 5 of the 7 nutrition core curricula. Nearly 90% of fellows reported a desire for more nutrition education and only one-quarter of fellows felt comfortable in the use of enteral and parenteral feeding support and macronutrient/micronutrient requirements.<sup>5</sup> A preceding study examined 32 Canadian gastroenterology fellows and performed a needs assessment as well as a 40-question multiple choice examination. The majority of

fellows did not receive nutrition education in medical school and their perceived knowledge was lowest with respect to obesity and macronutrient/micronutrient requirements.<sup>6</sup> On the multiple choice examination, mean test scores were 50.04% and using a multiple linear regression analysis, hours of nutrition education during gastroenterology fellowship and hours of nutrition education in medical school correlated positively with test results.<sup>6</sup> Although the impact of diet and nutrition status on health is commonly recognized, adequate education and training is lacking. Therefore, further integration of research and science in the field of nutrition is required within both the medical field and gastroenterology.

### Role of a Nutrition Support Service

Training in nutrition is a heterogeneous field, ranging from understanding metabolism in health and disease, micronutrient and macronutrient requirements, nutrient digestion and absorption, and to the best route and provision of nutrition support. Although formal nutrition training is commonly lacking in medical education, the impact of diet and nutrition is emphasized across medical specialties. A critical aspect of education in nutrition includes access to a dedicated nutrition support service. Aligning doctors with specialized dietitians, nurses, and pharmacists creates a dedicated team with collective expertise in enteral and parenteral nutrition support, including nutrition assessments, management of central catheters, and designing parenteral nutrition formulas. Providing trainees access to a nutrition support service is mutually beneficial to both parties, given the underlying gastrointestinal conditions encountered by a hospital nutrition support service. A survey of practicing members and trainees of the Canadian Association of Gastroenterology found that two-thirds of respondents were involved in providing nutrition support and 89% of respondents felt that a gastroenterologist should be a member of a local nutrition support team. Despite a perceived need for the central role of a gastroenterologist on a nutrition support service, the majority of respondents felt that

# MENTORING, EDUCATION, AND TRAINING CORNER

training in nutrition was underemphasized in fellowship programs.<sup>7</sup>

## Training Expectations

The Gastroenterology Core Curriculum was first created in 1996<sup>8</sup> with subsequent revisions in 2003<sup>9</sup> and most recently

the third edition was published in 2007.<sup>3</sup> Sponsored by the American Association for the Study of Liver Diseases, American College of Gastroenterology, American Society for Gastrointestinal Endoscopy, and American Gastroenterological Association (AGA) Institute, the initial core curriculum included the recommendations of the Nutrition Task Force with training

**Table 1.** Current Recommendations for Nutrition Training in Gastroenterology Curricula

120		179
121		180
122		181
123		182
124		183
125		184
126		185
127		186
128		187
129		188
130		189
131		190
132		191
133		192
134		193
135		194
136		195
137		196
138		197
139		198
140		199
141		200
142		201
143		202
144		203
145		204
146		205
147		206
148		207
149		208
150		209
151		210
152		211
153		212
154		213
155		214
156		215
157		216
158		217
159		218
160		219
161		220
162		221
163		222
164		223
165		224
166		225
167		226
168		227
169		228
170		229
171		230
172		231
173		232
174		233
175		234
176		235
177		236
178		237
		238

Download English Version:

<https://daneshyari.com/en/article/8726830>

Download Persian Version:

<https://daneshyari.com/article/8726830>

[Daneshyari.com](https://daneshyari.com)