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The Perceived Effectiveness of Nutrition Education Among Gastroenterology (GI) Fellows

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Abstract

The aim of this study is to determine current nutritional knowledge and identify the perceived effectiveness of nutrition education among gastroenterology (GI) fellows.

Keywords: Nutrition; Graduate medical education; GI fellowship

Introduction

By examining treatment patterns and outcomes in routine clinical practice, While important for all physicians in practice, a solid knowledge base regarding various aspects of nutrition and nutritional complications is critical for gastroenterologists and gastroenterology (GI) fellows. The American Gastroenterological Association (AGA) recognized the importance of nutrition when it formed the AGA Nutrition Curriculum Task Force in 1996 and created a revised nutrition curriculum in 2003 [1,2]. The Task Force's recommendation were that all GI fellows should acquire level 1 knowledge and all fellowship programs should provide the requisite training opportunities. The content areas in level 1 knowledge include basic nutrition principles as stated in Table 1 [2-4].

Methods

Participants

A list of all 162 ACGME- accredited GI fellowship programs and the contact information of all of their fellowship coordinators were obtained from the American Gastroenterology Association (AGA) website.

Results

Of the approximately 1400 GI fellows in the U.S., 137 fellows attempted the survey (66.4% males, 33.6% females) with 119 fellows fully completing it with a response rate of 9.7% and 8.5%, respectively. Postgraduate year of training was distributed equally among first, second, and third year fellows (49, 49, and 39 fellows, respectively).

Fifty-three fellows participated. Seventy percent reported no inpatient nutrition rotation. Seventy percent had never written a total parenteral nutrition or total enteral nutrition orders, and 12% had treated a home enteral or parenteral patient. Ninety percent had no outpatient nutrition or obesity rotation experience, and 59% had no core nutrition lecture series at their program. Eighty-seven percent had never been assessed for competency in nutrition, and 9% had completed a nutrition research project. Too few mentors, poor exposure, and a predominant focus on endoscopy were reasons cited for not pursing nutrition training. Knowledge change after the course was assessed; the mean correct response rates were 58% before and 88% postcourse [4].

Discussion

This is the largest national survey of GI fellow nutritional knowledge of in the U.S. The main finding this study is that effective nutrition education is lacking from the curriculum of many GI fellowship programs, despite being one of the core competencies of GI education. The majority of fellows did not feel that

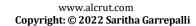
their nutrition knowledge was at an adequate level which is consistent with their below average scores of the MCE. Although nutrition knowledge is lacking, the overwhelming majority of fellows where interested in learning more about nutrition which means that this lack of knowledge is possibly correctable with appropriate curriculum development.

In conclusion, we have shown that there is a perception that nutrition knowledge among GI fellows in the U.S. appears to be suboptimal; objective evaluation of nutrition knowledge in this cohort confirms the legitimacy of these beliefs as evidenced by poor overall performance on a nutrition knowledge examination. On the basis of our results, the current process of allowing fellowship programs to design their own methods of teaching nutrition is not successful. Formal nutrition education should be developed in the context of GI fellowship education with measures of competency. This level of competency needs to be achieved before completion of GI fellowship.

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