

Name of Fellow:

Date:

13. EPA Title: Assess nutritional status and develop and implement nutritional therapies in health and disease

Detailed Description: Gastroenterologists diagnose and manage diseases where pathogenesis and therapies involve an understanding of nutritional principles and therapies. A GI consultant should be able to obtain information from patient history, physical exam and studies to evaluate nutritional status, diagnose diseases of nutritional excess and deficiency, and identify nutritional complications from other chronic GI and liver disease. The gastroenterologist should be able to select appropriate parenteral and enteral options for nutrition therapy and understand how food and diet impact the presentation and management of GI symptoms.

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| Knowledge | <ul style="list-style-type: none">• Recognize physiology of nutrition in health including absorption, digestion and metabolism• State the metabolic response to starvation, illness/trauma and obesity• Discuss chronic GI and liver diseases that can lead to malnutrition including IBD, celiac disease, and altered GI anatomy• Summarize indications and complications of enteral and parenteral support• List options for obesity treatment including medical and surgical options• Assess nutritional status, including specific nutrient deficiencies and excesses, protein-energy malnutrition and obesity• Describe nutritional issues specific to the patient with cirrhosis• Determine nutrient requirements during stress states |
| Skills | <ul style="list-style-type: none">• Obtain a diet history and use validated nutrition assessment tools• Perform a physical exam that assesses nutritional status of the patient• Order appropriate labs and studies to assess nutritional status• Counsel patients about how to make lifestyle and dietary changes to impact nutritional status• Provide nutritional guidance for many medical conditions• Identify and treat nutritional deficiencies, overfeeding and obesity• Implement and manage nutritional therapy, including modified diets, enteral tube feeding, and create parenteral nutrition orders• Evaluate the clinical efficacy of and complications of nutrition support• Perform endoscopic placement of feeding tubes |
| Attitudes | <ul style="list-style-type: none">• Apply ethical principles in discussing and applying nutritional therapy, including at the end of life• Demonstrate cultural, gender and socio-economic sensitivity to creating nutrition therapy plans, including diet counseling, and complementary and alternative approaches to nutrition• Collaborate effectively with pharmacists, dieticians and surgeons in the care of the patient with nutritional problems• Develop an awareness of stigma associated with obesity in the delivery of health care• Consider complementary and alternative approaches to nutrition |

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| | <ul style="list-style-type: none"> Consider psychosocial impact on eating disorders |
| Check ACGME competencies applicable to EPA | |
| Patient Care (PC) | <input 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 |
| Patient Care (PC): <ul style="list-style-type: none"> | |
| Medical Knowledge (MK): <ul style="list-style-type: none"> Possesses Clinical knowledge. (MK1) Knowledge of diagnostic testing and procedures. (MK2) | |
| Systems-Based Practice (SBP): <ul style="list-style-type: none"> Works effectively within an interprofessional team (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (SBP 1) Transitions patients effectively within and across health delivery systems. (SBP4) | |
| Practice-Based Learning & Improvement (PBLI): <ul style="list-style-type: none"> | |
| Professionalism (P): <ul style="list-style-type: none"> Accepts responsibility and follows through on tasks. (PROF2) Responds to each patient's unique characteristics and needs. (PROF3) | |
| Interpersonal & Communication Skills (ICS): <ul style="list-style-type: none"> Communicates effectively with patients and caregivers. (ICS1) Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (ICS2) | |
| Stage of training at which supervision level 4 is expected to be reached: | |

Potential information sources/assessments to gauge progress

- Chart stimulated recall.....
- Chart audits.....
- Direct observations.....
- Standardized patient.....
- In-training examination.....
- 360 Global Rating.....
- Patient Survey.....
- Simulation.....
- Portfolios.....
- Other.....

Basis for formal entrustment decision by the Clinical Competency Committee:

- Program director.....
- Faculty.....
- Other..... Nutrition support service if

available

Implications of entrustment for the trainee: Entrustment would allow the fellow to perform consultation in the inpatient and outpatient setting with distance supervision, or independently (according to program policy), particularly with encounters related to counseling. Once entrusted, the trainee can become an observer and teacher of junior trainees. Entrustment of a nutrition-related procedure, such as a PEG or endoscopic NJ tube placement, would allow the trainee to teach the procedure in a supervised setting.