

**NUTRITION CURRICULUM**  
**TEMPLE UNIVERSITY INTERNAL MEDICINE RESIDENCY PROGRAM**

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Nutrition representatives: Michele Ondeck, Nicole Hilburt

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**I. Educational Purpose and Goals**

This elective is designed to introduce the internal medicine resident to the basic elements of clinical nutrition. It should alert them to the contrasting nutritional problems of the poor and the affluent and the chronic disease implications of nutrition and the environment. Emphasis will be placed on the multiplicity of factors that promote excess weight, atherosclerosis, hypertension, the hyperlipidemias, and other degenerative diseases, and the nutritional aspects of each disease. The importance of screening techniques will be presented.

**II. Principal Teaching Methods**

- a. Working cooperatively with clinical nutritionists during their patient encounters in a variety of settings will comprise the majority of the training experience. Residents will be participating in care at various sites located at Temple University Hospital.
- b. Residents will participate in any regular group meetings of nutritional staff that contain clinical discussion.
- c. Independent guided reading is expected. A reading packet compiled with the assistance of the Nutrition staff, is provided at the beginning of the rotation.

**III. Educational Content**

- a. Mix of diseases
  - i. A variety of conditions will be addressed but most commonly will include end stage renal disease (ESRD), hyperlipidemia and coronary artery disease, obesity and diabetes.
  - ii. Special attention will be placed on an education in total parenteral nutrition (TPN).
  - iii. Additional elective experiences may be available in Burns and Wound Care nutritional management, Management of the gastric bypass patient, and Nutrition management of the critically ill patient.
- b. Patient characteristics
  - i. Patients are drawn from the diverse socio-economic metro-Philadelphia area.
- c. Learning venues: Type of clinical encounters, procedures and services
  - i. The rotation is considered 80% outpatient, 20% inpatient. The Nutrition Department's experiences are flexibly scheduled based on resident needs. Specific locations and topics addressed for each one include:

### **Clinical Nutrition Core Rotations:**

1. General Medicine
2. Diabetes
3. Cardiovascular Disease
4. Renal Disease
5. Enteral and Parenteral Nutrition Support
6. Nutrition Management of the Gastric Bypass Patient

### **Clinical Nutrition Specialized Rotations:**

1. Burns and Wound Care Nutrition Management
2. Nutrition Management of the Trauma or Critically Ill Patient
3. Nutrition Management of the Prenatal Patient

ii. Experiences will occur at the point of clinical care for each subspecialty, as well as in the Medicine Group Practice. These are all located within Temple University Hospital.

iii. The Resident is a part of the nutrition team and will add their opinion to the nutritional management of the patients they see.

iv. The Resident also has the opportunity to participate in the evaluation and care of patients on an inpatient hospice service if the opportunity arises.

#### **d. Structure of rotation**

i. First Day protocol: Residents should contact Michele Ondeck at pager 1385 or [Michele.ondeck@tuhs.temple.edu](mailto:Michele.ondeck@tuhs.temple.edu) one week prior to the start of the rotation to confirm first day meeting plans.

Depending on the day of the week that a rotation begins, they will arrive at 9AM at the location specified where Michele will review the curriculum, and assign clinical care duties.

ii. Residents continue to attend their weekly primary care Continuity Clinic afternoon throughout the rotation. IN addition, they will be expected to attend one extra continuity clinic session per week on Friday afternoon.

iii. Residents are expected at TUH on Wednesday mornings for morning report (9-10:00), the Outpatient Block didactics (10-11:30) and Grand Rounds (11:30-12:30).

## **IV. Principal Ancillary Educational Materials**

### **a. Readings**

i. Selected readings will be made available on the Blackboard web site at <http://blackboard.temple.edu/>. Selected journal articles will be provided, along with access to other texts and journals

## **V. Methods of Evaluation**

### **a. Resident Performance**

i. Faculty complete web-based electronic resident evaluation forms provided through New Innovations. Nutrition personnel will

complete evaluations and submit them to Drs. Ward and Meyer who will enter a composite evaluation for the rotation into the computer system. The evaluation is competency-based, fully assessing core competency performance. The evaluation is shared with the resident, is available for on-line review by the resident at their convenience, and is sent to the residency office for internal review. The evaluation is part of the resident file and is incorporated into the semiannual performance review for directed resident feedback.

**b. Program and Faculty Performance**

Upon completion of the rotation, the Resident completes a service evaluation commenting on the faculty, facilities, and service experience. These evaluations are sent to the residency office for review and the attending faculty physician receives anonymous summative reports of completed evaluations when sufficient volume of evaluations are received to maintain resident anonymity. The Training and Evaluation Committee will review results annually.

**VI. Institutional Resources: Strengths and Limitations**

- a. Strengths – Dedicated nutrition professionals lead this rotation. The Nutrition Department is well-supplied and highly regarded. Integrated work with medical personnel and patients create a well-rounded view of nutrition care. This rotation is an excellent experience for focusing on important but little taught aspects of medicine that occur every day when seeing patients in both the ambulatory and hospital setting.
- b. Limitations – Clinical autonomy is somewhat de-emphasized as many encounters are in conjunction with already established activities, such as dialysis. The level of direct patient responsibility on behalf of the resident is low. Residents must demonstrate self-motivated and self-directed learning to maximize their training experience.

**VII. Rotation Specific Competency Objectives:** By completion of the block rotation, the rotating resident will

**a. Patient Care**

- i. Obtain an accurate dietary history as part of the total evaluation of the patient through increased understanding of the multiple factors that influence a patient's ability or willingness to divulge information about his food behavior.
- ii. Construct an appropriate nutrition action plan which meets the requirements of the patient's specific condition.
- iii. Perform an accurate assessment, initial and ongoing, of basic nutritional needs for patients on hemodialysis, and those with obesity, diabetes and hyperlipidemia.

**b. Medical Knowledge**

- i. Demonstrate an increased knowledge of basic concepts in nutrition and how these concepts fit into clinical practice.
- ii. Utilize the knowledge of nutrition as a factor in preventive health care for the patient, with an appreciation for how diet can impact health.
- iii. Increase overall knowledge in several subject areas of clinical nutrition. Specifically:

1. Diabetes:

- i obtain an accurate diet history with regard to consumed food items, portion sizes, meal/snack frequency
- ii use the diet history information to put together an 1800kcal ADA diet menu for one day, using carbohydrate counting basics

2. Cardiovascular Disease:

- i. obtain an accurate diet history with regard to consumed food items, portion sizes, and meal/snack frequency
- ii provide basic diet education/principles including information on low salt/low fat items as well as the different food sources of good vs. bad fats

3. Renal Disease:

- i. demonstrate knowledge of the different nutrient requirements for acute vs. chronic renal patients, for HD vs. PD vs. CVVHD
- ii demonstrate knowledge of when to/not to restrict protein and other micronutrients
- iii provide basic diet education/principles
- iv correctly order a renal diet based on type of renal failure and type of dialysis

4. Enteral/Parenteral Support:

- i. Complete a nutrition assessment and determine if to use enteral vs parenteral nutrition support
- ii Choose the correct tube feed formula or TPN solution based on the nutrition assessment and place orders for advancing
- iii Correctly order the tube feed or the TPN

5. Gastric Bypass:

- i Provide basic diet education and principles for all 3 stages of the diet
- ii. Verbalize additional vitamin/mineral supplements specifically needed after gastric bypass surgery and why

- c. **Interpersonal and Communication Skills**

- i. Establish rapport with patients in need of nutritional advice and be aware of potential barriers to full disclosure from them.
- ii. Perform a patient-centered medical interview with a focus on nutrition.

- iii. Engage patients in shared decision-making as it pertains to issues such as weight loss and proper diet.
- iv. Effectively and considerately communicate with the nutrition team staff in a manner that promotes care coordination.

**d. Professionalism**

- i. Demonstrate respect and compassion for all patients.
- ii. Understand and compassionately respond to issues of culture, age, sex, sexual orientation, and disability for all patients and their families.

**e. Practice Based Learning and Improvement**

- i. Exhibit self-directed learning.
- ii. Demonstrate improvement in management of patients needing nutritional intervention by continually improving nutrition knowledge and skills during the rotation.

**f. Systems Based Practice**

- i. Demonstrate ability to correctly complete TPN orders
- ii. Utilize the services of other members of the health team, especially those of the dietitian or nutritionist to obtain optimal care for the patient.
- iii. Use nutrition as a spearhead into community programs.