



The junior doctor and nutrition

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LETTERS TO THE EDITOR

The junior doctor and nutrition

Dear Sir

Does the provision of dieticians in the NHS eliminate the need for junior doctors to learn about nutrition and apply their knowledge to manage nutritional problems facing their patients?

Is there a deficit of knowledge and/or interest among junior doctors? Or is the nutrition teaching spoon-fed at medical school/and in the foundation years satiating?

A survey was distributed among 20 foundation year one (F1) doctors working in a London teaching hospital in March 2011 to explore this issue. The doctors recently graduated from nine different medical schools. Nine of the 20 entered their medicine degrees as graduates, which may have a bearing on the curriculum they have been exposed to and/or prior knowledge and interest in this area.

Regarding medical school teaching, 12/20 rated the nutrition aspects of the curriculum as insufficient. In keeping with this, 70% felt more nutrition teaching was needed. F1 doctors were aware of the presence of nutrition on the F1 curriculum, however this did not seem to influence their attitudes towards attaining experience in managing nutritional issues.

An even greater proportion (90%) of the doctors questioned thought there was a need for more teaching on nutrition as an F1 doctor, which may best be delivered with a clinical approach to it. The majority felt this should be delivered by the following groups in decreasing order of preference: dieticians, doctors (particularly gastroenterologists), and nurses; with suggestions of a multidisciplinary team approach to this teaching.

So, why is this important?

As junior doctors, knowledge and its application are essential to build skills and confidence in clinical practice.

As the foundation curriculum highlights, it is crucial to be well rounded and able to manage a range of conditions comfortably. With insufficient preparation for working in a particular field (as appears to be within the current F1 cohort for nutrition), there is an unsurprising lack of confidence among the F1 group when faced with managing nutritional issues; only (20%) questioned reported to feel 'comfortable' managing nutritional issues on the ward and 55% reported feeling 'uncertain.'

Further evidence of lack of exposure and teaching is clear from the skills developed; 60% having not inserted an NG tube (when questioned over 6 months into the F1 job); and only 6/20 doctors felt confident with this skill.

Disconcerting as these points seem, I hope they will prompt medical education to address the coverage of nutritional issues in the medical school and F1 curriculum. Additional teaching in this area could, for example, be delivered as clinical sessions (shadow days) with dieticians at F1 induction and/or for final year students.

By ensuring newly graduated junior doctors have an understanding of the important role of the dietician, along with an ability to appropriately refer patients for their expert opinion, there are potential beneficial effects on the multi-disciplinary team and ultimately, patient management.

By addressing these issues, junior doctors would, in addition, be equipped with the ability to confidently recognise, prevent and manage nutritional issues within their own patients, thus improving their own clinical skills and abilities.

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Teaching about health systems in the UAE

Dear Sir

In many countries, health systems face challenges as they adapt to demographic change, new disease patterns and rising costs. The United Arab Emirates (UAE) is no exception. Its health system is facing the twin challenges of maintaining quality while avoiding escalating costs. As the future leaders of the health system in which they work, medical students will be in a strong position to bring about change and improvement. However their effectiveness will be restricted by gaps in their knowledge of what health systems are and how they function, topics that are rarely dealt with in medical school curricula (Patel et al. 2009). The undergraduate medical curriculum should prepare students not only for clinical excellence but also to take their place as leaders of complex health systems (Berwick & Finkelstein 2010).

The Faculty of Medicine and Health Sciences at the United Arab Emirates University is the UAE's main public medical school. To improve medical students' understanding of health systems, we introduced a three-hour interactive session on *Challenges facing the UAE health care system* for final-year medical students. Students participated in a group discussion during which the strengths and challenges of the UAE health care system were considered along with recommendations for improvement. The issues raised by the students were grouped into themes based on the World Health Organization's *Key Components of a well functioning health system*. The students completed an on-line evaluation of the session.

Strengths of the UAE health system included improvement in health, investment in service provision and development of medical education. Challenges were identified in organisation and leadership, lack of data for decision-making and human resources issues. Recommendations included better management of services and medical education reform. Most students agreed that having an opportunity to learn about health systems was important and relevant.

The teaching session described here is only a very small part of the undergraduate curriculum but it is meeting an