ESPEN Congress Istanbul 2006

A Patient's Journey through Complicated Pancreatitis

Globalization trends in the nutritional support education

G. Baptista (Venezuela)
GLOBALIZATION TRENDS
OF THE NUTRITIONAL
SUPPORT EDUCATION

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Learning Objectives

- Get acquainted with the nutritional status of hospitalized patients in Latin America and in other countries
- Describe the Academic Studies regarding Nutritional Support / Clinic Nutrition in different Latin American / European countries
- Discuss and project / globalize the educative programs regarding Nutritional support in Latin America / Europe
ASPEN 2001
Kushner, Presidential Address, “A new Century, a new Beginning”

- “Outward orientation to the globalization of nutrition support by strengthening our ties” : ICNSO, ESPEN, FELANPE, PENSA, etc.

Blackburn, 1979
“We often forget how large the field of nutrition really is…… nutrition continues to be a rapidly growing discipline…”
“Thousands of patients are starved annually in the midst of plenty”

Florence Nightingale, 1859
Foods Cycle S. ALLISON BAPEN 1999

Strengths Moving the Cycle

- Nutrition Sciences
- Food Policies
- Eating habits
- Poverty - Education

Environment

Service

Distribution

Preparation

Menu

Sifting

Monitoring

PATIENT

Recipes

Culinary Art
The balance between ingestion and the need of nutrients depend on many factors, namely:

- Diet/Food Habits
- Economy
- Emotional Environment
- Cultural Pattern
- Illness
- Infection, illness, fever or physiological stress
- Growth
- Conservation and Body Health
- Psycological Stress
- Emotional Environment
- Environment
- Cultural Pattern

Nutrients Ingestion → Optimal Nutritional Status → Needs of nutrients for health

Education is an essential tool to fight against all of the above
Latin American Nutrition Studies (ELAN) Nutrition Status from 9348 Hospital Patients FELANPE

- 50% Moderate
- 39% Good
- 11% Severe
## Prevalence of the nutritional status in the hospital population in Latin America

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<th>Country</th>
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<th>Severe</th>
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European view of hospital undernourishment

- Disease-related undernourishment is significant in European hospitals but is seldom treated or prevented.

- Disease-related due to undernourishment is rarely recognized or treated, meaning that only few of those who need nutrition support actually receive it.

- A major cause of the failure in nutrition care of hospitalized patients can be ascribed to lack of appropriate education and training.

- There is also disagreement between different healthcare professionals regarding who is responsible for the nutrition treatment of patients.
North American view

Butterworth(1974)

“Skeleton in the hospital closet”

- Non-recorded body weight 23%
- Non-recorded height measuring 56%
- 61% of those patients whose weight was recorded lost > 13.23 pounds
- 37% with Alb < 3.0 grams/dl

Have we solve this?
WHAT ARE THE SKELETONS IN SOUTH AFRICAN HOSPITALS CLOSETS?

- 1980’s malnutrition in hospitalized patients: same rural and academic. 70% males had significant reduction in protein and energy stores.

- Depletion of body fat stores 82% males vs 55% females.

- 1999 almost 1/3 surgical patients malnourished, 48% weight loss.
DESPITE THIS HIGH PREVALENCE, PHYSICIAN’S AWARENESS OF MALNUTRITION IS WEAK; NUTRITIONAL THERAPY IS NOT USED ROUTINELY, AND GOVERNMENTAL POLICIES FOR NUTRITIONAL THERAPY ARE SCARCE
An European survey of structure and organization of nutrition support teams in Germany, Austria and Switzerland

- 3.071 Hospitals -> 98 with NST (3.2%)
- Activities: 
  100% Diets, 
  87% education, 
  92% monitoring nutrition therapy
- Funding support: 32%. Units affiliated to special disciplines, not independent operating units.
- Exclusively dedicated for NST: 
  12% Physician, 
  37% Nurses, 
  46% Dietitians
- 88% reductions of complications. 
  98% cost saving
An European survey of structure and organization of nutrition support teams in Germany, Austria and Switzerland

NEEDS:

- Standards of practice,
- Development of guidelines in clinical nutrition
- Better documentation in NST
- SPECIAL EFFORTS IN THE EDUCATION OF NST MEMBERS, AND FINANCING TEAMS.

In most countries there are no official guidelines concerning nutritional therapy.

Lack of medical awareness might be a consequence of the absence of formal nutritional education training in most medical school.
In Latin America

Venezuela:
The SVNPE (Venezuelan Society for Parenteral and Enteral Nutrition)
- At the medicine pre-grade level is no Nutrition Professorship
- In some Universities, Nutritional Support is provided for post-grader doctors. There also is a Master, a specialization and PHD in the area of Clinical Nutrition for medics and nutritionist.
- There are Nutritional Support Groups. No legislation on the matter is disposed.
- There exists the Nutritionists College.
- CINC, TNT, CNP courses given by FELANPE.
- There is no certification as to the practice of nutritional support.

Argentina:
- Great variety in the study plans.
- In some Buenos Aires Universities courses are taken in two (2) weeks in four-five (4-5) daily hours.
- There is no Master in Nutrition,
- Five (5) years study Nutritionist Career with a last practicum year.
- The TNT, CINC and related courses are carried out by the AANEP (Argentinean Association for Parenteral and Enteral Nutrition 1983) and the AADYND (Dietitians).
- To achieve the Diploma, the following is required: 252 presence hours.

Mexico:
- Medicine Faculties have no Nutrition Professorship.
- There are about 20 Degrees, with Post-Graduation in Public Health and Nutrition.
- There is no legislation on the matter.
- The AMAEE (Mexican Association for Intravenous and Enteral Feeding) which groups health professionals dedicated to the practice of Intravenous and Enteral Feeding and Nutrition. Own publications with reviews on Clinical/Human Experimental Nutrition.

Brazil:
- Legislation on the matter
- There is the GANEP (Parenteral and Enteral Nutrition Support Group) developing actions of professional defense, education and acting in Nutrition through courses of updating and preparation of human resources.
- Specialized in Medical Nutritional Therapy.
- There also is the Brazilian Society for Parenteral and Enteral Nutrition (EPBS), one of Latin America’s pioneer institutions on the matter (1975).
- There are several Nutrition Support Teams officially recognized by the Health Department.

Venezuela:
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Nutritional education in Latin America

- There are some differences from country to country.
- Pre-grade and post-grade education years varies if you already are a physician, nurse, nutritionist or pharmacist.
- There is no formal education nor certification in most of the countries.
- Some positions require business, management and/or research skills.
Promotes scientific knowledge

Promotes academic knowledge

Promotes research

Clinical nutrition teaching practice

Teaching exchange
FELANPE created three (3) very effective, practical and dynamic courses for the basic clinical nutrition teaching.

They are available to different associations/societies’ members in all Latin American countries.
The TNT course was developed for physicians by physicians. It consists of:

- 11 lectures
- 5 workshops
- 5 case studies
- 20 - chapter manual
- 2 - days period

The TNT has been used as a successful clinical nutrition education model to raise physician awareness about the importance of proper nutrition therapy.
The CINC course was conceived in order to integrate the clinical nutrition education in different professionals: Physicians, nurses, pharmacists and dietitians. It consists of:

- 4 modules
- 12 chapters
- 4 workshops
- Case discussion
- 20 hours intensity

The CINC course uses a problem-based learning model where a typical and complex case is followed from its admission to the hospital up to its discharge to home nutrition.
The Pediatric Clinical Nutrition (CNP) course was approved by FELANPE in 2003.

- The program is an interdisciplinary pediatric nutritional therapy training.
- Twenty (20) hours duration.
- Professional experience exchange among all participants.
The Latin American Federation of Parenteral and Enteral Nutrition and the International Confederation of Nutritional Support with headquarters in Europe, have been teaching a 1-week training courses.

In order to promote this effort in various countries.
The above successful projects have clearly shown that the association of powerful education tools, solid data, leadership, and well-designed political strategies were able to radically change the clinical nutrition panorama in Latin America.

In order to fight hospital malnutrition, it is not only necessary to educate physicians and other professionals but also to obtain the means to provide nutrition therapy.
European Academic and Practitioner Standards for Dietetics - June 2005

- In EFAD very complex and multifaceted subject Education and work of Dietitians varies in content and length of study: 2 years in Germany vs 5 in Turkey.
- 2003 EFAD commitment (Roskilde) “Define priorities for convergence of education and practice of dietitians across Europe”
- 2005 EFAD all members formulated and accepted to establish European Benchmark Statement for Dietetics.
- Benchmark reaches an academic review and create minimum standards.
- Benchmark statements provide for variety and flexibility in the design of programs and encourage innovation within an agreed overall conceptual framework.
Leonardo da Vinci Nutrition Program in line with ESPEN

- Espen’s global effort to improve fundamental aspects of Clinical Nutrition and Metabolism.
- Web-based through the Internet.

**OBJECTIVES:**
- Improved knowledge, competence and skills.
- To disseminate sound and updated knowledge and guidelines.
- To promote continual professional development of physicians, enhancing knowledge of Nutrition and its application.
- To provide education credits for National “Continuous Medical Education (CME)” Systems or allowing to access to the European Diploma of Clinical Nutrition and Metabolism
Leonardo da Vinci

- Espen Blue Book 2004
- 100 web modules
- 24 lives courses
- Formal examination requires registration. Credit accumulation allows certification at two levels:
  - CME System (credits)
  - ESPEN European Diploma of Clinical Nutrition and Metabolism

The course Director reports to ESPEN’s Executive Board.

Live course: 4 hours formal only MD are eligible

5 components: 3-4 lectures
- Case review
- Visual material
- Printed material
- Nominative self-assessment questionnaire
- Medicine Degree: Nutrition as “other subject”, often as an option (very few credits)

- Post-graduation, doctorate and master studies.

- Degree in Nutrition: (3 years) difficult to practice, not contemplate Nutritionist in Hospitals.

- To practice as clinical Nutritionist must be Endocrinology and Nutrition Specialist (Nutrition is almost never contemplated in the career).
Globalization within different country associations.

Advancements in our field will be defined by:

1. Determining and practicing evidence-based-treatment
2. Identifying and utilizing more specific and sensitive nutrition assessment procedures and methods, incorporating functional tests and practical body techniques
3. Manipulating immune function with immunonutrition therapies
4. Applying anabolic agents and growth factors to enhance nutritional restitution
5. Using cytokine modulators to combat the effects of cachexia.

Kushner - ASPEN 2001

ASPEN ‘s role is to promote research in these areas and - when thus defined - facilitate its effective delivery and education to all of our colleagues.
Stanley Dudrick states that a good nutritional status “Has been and shall always be the common denominator of the patients’ successful recovery.”
Barriers blocking good hospital nutrition.
The European Committee of Experts on Nutrition, Foods, Safety and Consumer Health Field - 1999

1. Lack of clarity in defining responsibilities as to the planning and handle of nutritional care.
2. Lack of sufficient nutritional education in the health team.
3. Lack of influence upon the patients.
4. Lack of cooperation among the health team members.
5. Lack of involvement from the hospital different areas
Nutritional Risk Screening
Danish Association for Parenteral and Enteral Nutrition

- Is the BMI lower than 20.5?
- Lost of weight in the last three (3) months?
- Has the patient reduced food ingestion in the last week?
- Is the patient seriously ill?
- If any of the answers is “YES”, then pass to the second evaluation
- If the answer is “NO” in all options, follows a weekly evaluation.
Not only is nutrition an in-hospital challenge; it is a challenge for the health professional experts on the matter to achieve boosting educational plans.

Education provided by experts is basic to combat this problem.

Intellectual exchange among Professionals from different countries improves the final results on courses with international applicability.
The American Medicine Institute in its Health Care Quality Committee
List for the XXI century and its application in the Nutritional Support Area

- Safety and avoid risks.
- Evidence based on appropriate medicine use
- Center on the patient (preferences, needs, values.)
- Timely reducing waits and delays.
- Be efficient - avoid loses
- Balance - Care quality does not vary
Levels of Nutritional Intervention
World good health for 2010

- Global Community
- Nation
- Community
- Family
- Human Being
- Body System
- Organ
- Tissue
- Cell
- Organelle
- Molecule (Genetics)

Challenges

- To redesign care processes based on a better practice
- Use of the information provided by the technology
- Develop effective teams
- Care Coordination (time, settings)
- Performance and outcome measurements
- Medium and short-term programs
WHAT TO DO?
PREPARING THE WORK FORCE

- Restructuring of Clinical Education for Health Professionals
  - PRE-GRADE
  - POST-GRADE
  - GRADUATES
  - CONTINUOUS EDUCATION

- Funding and sponsorship
- Quality of the Process
- Official formation
- 50% of professional time practice dedicated to Nutritional Support
- Sanitary Assistance Institutions
- A member of a Professional Nutritional Support Association
- Nutritional Education Programs
- Research; Parameters and Protocols.
Conclusions

- Undernourishment is still a serious problem in Latin America and the world in this new millennium.

- Hospital nutrition is the responsibility of the whole health team.

- Determination of the nutritional risk is basic to the hospital care quality.

- Globalization requires more International nutrition education exchange.

- Institutions, Government, Universities and Laboratories have lots of challenges ahead if the nutritional assistance to hospital patients is to be bettered.

- The health team participation is required at the organizations committed to the study of clinical nutrition.

- Norms, regulations and protocols should be created for all countries.
Team work must prevail upon individual work
Thank you
What is Globalization?

- The best example we have is Princess Diana case:
  - A BRITISH princess with an EGYPTIAN boyfriend that uses a SWEDISH cellular phone, crashes in a FRENCH tunnel in a GERMAN car with DUTCH motor driven by a BELGIAN driver drunk with SCOTCH whisky.
  - They were closely followed by an ITALIAN paparazzi on a JAPANESE motorcycle that took pictures for a SPANISH magazine with a TAIWANESE camera.
  - She was intervened by a RUSSIAN doctor and a PHILIPPINE assistant that used BRAZILIAN medicines...
  - This article was translated from Spanish into English by a COLOMBIAN who lives in ARGENTINA.
  - It was sent to a MEXICAN newspaper, and now is being presented by a VENEZUELAN speaker in ISTAMBUL TURKEY conference.

*How about that? Is it clear what GLOBALIZATION is?*