

Logbook

for candidates of the Interdisciplinary Focus on Nutritional Medicine

According to the GESKES and the SIWF Nutritional Medicine Program, learning objectives reached during continuing education or content taught at training centers must be consistently documented in a logbook. The achievements must be verified and initialed by the Continuing Education Instructor. An empty logbook will be sent to candidates following registration with the GESKES Continuing Education and Training Commission.

I. Theoretical knowledge

A. Learning objectives

1. Physiological fundamentals of nutrition	Knowledge (1-3; 3= very good, 2= good, 3= minimal)	Comments	Date	Initials
Digestive processes; role of the microbiome				
Biochemistry of nutrition; Intermediary metabolism				
Nutrients (carbohydrates, fats, proteins, electrolytes, micronutrients)				
Antioxidants, dietary fibers, pre- and probiotics				
Energy requirements; hunger and stress metabolism				
Nutrition and sport				
Appetite and satiety				
Nutrition for different phases of life. Specifically: nutrition in children and adolescents, nutrition in old ag				
Nutrition during pregnancy and breastfeeding (fundamentals)				
Fundamentals of body composition				
Fundamentals of indirect calorimetry and bioelectrical impedance analysis				

2. Fundamentals of nutritional medicine	Knowledge (1-3; 3= very good, 2= good, 3= minimal)	Comments	Date	Initials
Nutrition and prevention, e.g. diabetes mellitus,				
cardiovascular diseases, osteoporosis				
Benefits and risks of popular diets, e.g. vegan diets,				
unorthodox diets, «Food Faddism»				
Food intolerances and allergies (fundamentals)				
Malnutrition (causes, consequences); protein-energy malnutrition, cachexia, sarcopenia, marasmus.				

Selective nutritional deficiencies and disorders e.g.		
nutritional anemia.		
Drug-diet interactions (oral, enteral, parenteral)		
Medication and its effect on digestion		

3. Nutritional aspects of specific disease states.	Knowledge (1-3; 3= very good, 2= good, 3= minimal)	Comments	Date	Initials
Nutrition in atherosclerotic diseases; in arterial hypertension.				
Nutrition in the presence of metabolic diseases				
(hyperlipidemia, gout, kidney stones, osteoporosis)				
Congenital metabolic disorders (e.g., phenylketonuria,				
glycogenosis; fundamentals).				
Eating disorders (anorexia, bulimia)				
Obesity; nutritional problems before and after bariatric surgery.				
Nutritional therapy in diabetes mellitus type 1 & type 2, and special forms.				
Nutrition in chronic renal failure and dialysis				
Nutrition in neurological diseases with consecutive				
dysphagia				
Diseases of the musculoskeletal system with dysphagia				
Cystic fibrosis, chronic lung disease				
Diseases of the gastrointestinal tract. Specifically: pancreatic insufficiency, celiac disease, short bowel syndrome				
Skin diseases and wound healing disorders				
Weight loss in tumor diseases, nutrition during radio- or chemotherapy				
Nutrition for dementia patients				
Perioperative nutrition				
Nutrition for the intensive care patient; nutrition for burn and polytrauma victims				
Nutrition before interventions and specific diagnostic examinations				
Causes and treatment of refeeding syndrome				

4. Nutritional measures in preventative healthcare	Knowledge (1-3; 3= very good, 2= good, 3= minimal)	Comments	Date	Initials
Fundamentals nutritional study methodology				
Knowledge of nutrition study interpretation and				
relevance in practice				
Importance of nutrition for the health of a population				
Importance of public health measures and individual				
measures				

5. Interdisciplinary and interprofessional collaboration, and economic aspects	Knowledge (1-3; 3= very good, 2= good, 3= minimal)	Comments	Date	Initials
Organization of clinical nutrition in the hospital,				
preparation of internal guidelines, organization of				
continuing education				
Interdisciplinary collaboration with intensive care,				
visceral surgery, oncology, geriatrics, etc.				
Interprofessional collaboration within the clinical				
nutrition team, incl. nutrition counseling, nursing				
specialists, occupational therapy, hospital pharmacy and				
hospital kitchen				
Organization and monitoring of artificial nutrition				
(enteral or parenteral) of patients at home (home care)				
Economic aspects of malnutrition and nutritional				
interventions. Cost reimbursement for nutritional				
interventions (TARMED, DRG)				
Ethical aspects related to nutrition (religious, cultural;				
ethics of assisted nutrition in terminal illness)				

B. GESKES certificate course attendance

D. GESKES CE	runcate course attenuan	ice.
With successful comple	tion ("Certificate of Advanced Stud	dies in Clinical Nutrition" at the University of Bern);
Date:		
c. Participati	on in 5 LLL (Life Long Lea person)	rning) ESPEN courses
Date 1. Course:	Date 2. Course:	Date 3. Course:
Date 4. Course:	Date 5. Course:	
D. Attendance	e of an ESPEN congress	
Date:		

II. Practical skills

A. Learning objectives

Topic	Skill (1-3; 3= very good, 2= good, 3= minimal)	Comments	Date	Initials
Assessment of nutritional status (incl. the Nutritional				
Risk Screening Score) and significance of laboratory tests				
Interpretation of the findings regarding adequate				
therapeutic actions				
Implementation of specific methods to determine				
nutritional status and requirements (algorithms,				
calorimetry, balances, bioelectrical impedance analysis,				
anthropometric measurements, etc.); interpretation of				
findings				
Indication for the various forms of nutritional therapy				
(oral, enteral, parenteral) -evidence-based approach				
Ordering, supervising, and monitoring nutritional				
therapy, in collaboration with the nutritional counseling				
service				
Implementation of artificial feeding techniques				
(administration with probes, catheters, pumps), etc.				
Clarification and treatment of complications in				
connection with enteral and parenteral nutrition				
Involvement in the selection of appropriate products for				
tube feeds and sip feeds (in collaboration with the				
nutrition team)				
Quality control of nutritional therapy (incl. registry				
management)				

B. Patient interviews or consultations

Performance of a minimum of 50 supervised i <mark>nterviews</mark> or consultations with patients with nutritional health problems.
Confirmation by Continuing Education Instructor (date, signature) .