TEACHING SMALL ANIMAL CLINICAL NUTRITION IN BELGIUM

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In the early nineties *small animal clinical nutrition* was introduced in the veterinary faculties of Ghent and Liège as a separate discipline. We will compare both study programs, and discuss possibilities to improve the practical work and increase students' interest.

General program: The curriculum is 6 years. During the 6th year Ghent offers different options, including small animals. During the last 2 (Ghent) to 3 (Liège) years, students

participate in clinical work.

Nutrition: General nutrition is taught in the 3rd (Ghent) and 4th year (Liège), advanced and clinical nutrition in the 5th and 6th years. Students of the last 2 years can participate in nutrition consultations at the small animal clinics. Most cases are referred by colleagues of other disciplines in small animal medicine at the faculty clinics, such as residents, interns or staff clinicians, some are sent by private practitioners. Obesity represents the majority of cases, followed by hospitalised patients (Ghent) vs. hyperlipidaemia and gastrointestinal diseases (Liège). In Ghent, 13 % of referred cases are cats. The scientific staff is comparable at both veterinary faculties.

Strengths and weaknesses of the organisation are analysed from different perspectives:

Strengths: The nutrition rounds increase the number of available services and clinical activities. They improve the quality of medicine by providing better nutritional advice, which is tailored to the specific needs of the individual animal. Seeing clinical cases allows nutritionists to get more experienced, to assess the applicability and efficacy of the theory they teach, and get more credibility from the clinical staff, practitioners and students. Finally, students can apply what was learned during the lectures.

Weaknesses: Due to the large number of students and limited scientific staff or relatively few cases available, students still get insufficient experience and have almost no opportunity to follow-up cases throughout. Therefore, clinical nutrition is still too much considered a

theoretical discipline by many students.

Strategies for improvements: In order to improve the quality and efficacy of the nutrition rounds, three basic components need to be enhanced: the cases load has to be increased, the scientific staff (clinical nutritionists) enlarged, and the interest of students in clinical nutrition stimulated. The number of cases could be increased by better advertising the available services to colleague-staff clinicians, veterinary practitioners and pet owners via the faculty website, information in the waiting room, etc. Having a daily nutrition consultation, available at clinical hours, is important because almost every patient can benefit of an improvement of its diet. A good starting point could be that the diet of each hospitalised patient should be evaluated and the best diet should be discussed with the owners when they pick up the animal to go home. In addition, many patients will not come to the nutritional rounds if they have to return on a different day. The fee of such services should be carefully determined not to be prohibitive. The interest of students could be stimulated by enhancing the variety of cases, giving opportunities to follow cases till the end, discussing the nutrition of their own pet, introducing problem based learning, and by the use of interactive computer programs, CD-ROMS, videos. In conclusion, in modern veterinary education clinical nutrition should not only be part of the theoretical course but also be integrated into the clinical work with a specialist present.