

GASTROENTEROLOGY AND DIGESTIVE HEALTH DIETETICS SPECIALIZATION COURSE

6 Month Advanced Specialization Course

A structured specialization for nutrition and dietetics students, graduates and practicing dietitians who want to develop advanced competence across gastrointestinal, hepatobiliary, pancreatic and intestinal nutrition care, including functional gastrointestinal disorders, celiac disease, inflammatory bowel disease, malabsorption, gastrointestinal surgery, ostomies, intestinal failure and nutrition support.

Who This Course Is For

Nutrition and dietetics students, graduates and practicing dietitians who want focused training in gastroenterology nutrition, digestive symptom assessment, gastrointestinal medical nutrition therapy, nutrition support and complex digestive health case management.

Specialization Approach

The course begins with gastrointestinal physiology, digestion, absorption, motility and specialized assessment before progressing into upper gastrointestinal disorders, functional bowel disorders, celiac disease, inflammatory bowel disease, malabsorption, pancreatic and liver nutrition, gastrointestinal surgery, ostomies, short bowel syndrome and intestinal failure.

Clinical Focus

Participants learn to avoid universal gut healing diets and unnecessary elimination. Every restriction is considered according to diagnosis, dominant symptoms, nutritional status, disease activity, anatomy, medications, investigations, tolerance and the need to protect dietary diversity.

Overall Aim

To develop dietitians who can assess gastrointestinal nutrition problems systematically, recognize red flags, select evidence informed interventions, monitor nutritional and symptom outcomes, document care professionally and work appropriately with gastroenterology, surgery and nutrition support teams.

COURSE ROADMAP

Month

Primary Development Area

What the Participant Should Gain

Month 1

Gastrointestinal Physiology, Symptoms and Specialized Assessment

Understand digestion, absorption, gastrointestinal motility, gut brain interaction, common investigations, red flags and comprehensive gastrointestinal nutrition assessment.

Month 2

Upper Gastrointestinal Disorders and Functional Gastrointestinal Nutrition

Develop competence in reflux, dyspepsia, gastroparesis, constipation, diarrhea, irritable bowel syndrome and structured low FODMAP therapy.

Month 3

Celiac Disease, Food Intolerance, Inflammatory Bowel Disease and Malabsorption

Learn structured nutrition care for celiac disease, food intolerance, Crohn disease, ulcerative colitis, gastrointestinal malabsorption and nutrient deficiencies.

Month 4

Pancreatic, Hepatobiliary and Liver Nutrition

Understand acute and chronic pancreatitis, pancreatic insufficiency, gallbladder disease, metabolic liver disease, cirrhosis and related nutrition complications.

Month 5

Gastrointestinal Surgery, Ostomies, Short Bowel and Nutrition Support

Develop competence in perioperative nutrition, ostomies, high output states, short bowel syndrome, intestinal failure, enteral nutrition and parenteral nutrition concepts.

Month 6

Advanced Gastroenterology Dietetic Practice and Complex Case Management

Integrate assessment, nutrition diagnosis, intervention, counseling, monitoring, documentation, referral and advanced gastrointestinal case defense.

MONTH 1: GASTROINTESTINAL PHYSIOLOGY, SYMPTOMS AND SPECIALIZED ASSESSMENT

Theme: Understand digestion before trying to modify it.

Purpose: To build the physiological and clinical reasoning foundation required for gastroenterology dietetic practice.

Week

Focus

Learning Content

Practical Application

1

Gastrointestinal Anatomy and Physiology

Esophagus, stomach, small intestine, colon, liver, gallbladder and pancreas. Digestion and absorption of carbohydrate, protein and fat. Gastric acid. bile. pancreatic enzymes. intestinal transport. bowel function and nutrient absorption.

Participants trace a meal through the digestive tract and identify where different digestive, absorptive and motility problems may occur.

2

Motility, Gut Brain Interaction and the Microbiome

Gastric emptying. small bowel transit. colonic motility. enteric nervous system concepts. visceral sensitivity. gut brain interaction. stress and symptom perception. microbiome concepts without overclaiming microbiome testing or gut healing interventions.

Participants compare symptoms related to altered motility, visceral sensitivity, maldigestion and structural gastrointestinal disease.

3

Comprehensive Gastrointestinal Nutrition Assessment

Symptom history. stool pattern. meal pattern. dietary intake. food restriction. weight history. appetite. medications. supplements. gastrointestinal diagnoses. previous surgery. hydration. alcohol. physical activity. sleep. stress. food related anxiety and social barriers.

Participants complete a structured gastrointestinal nutrition assessment and identify the information needed before recommending dietary restriction.

4

Investigations, Red Flags and Referral

Endoscopy and colonoscopy as medical investigations. imaging. stool tests. celiac testing. inflammatory markers. pancreatic testing. breath testing concepts. Dysphagia. gastrointestinal bleeding. unexplained weight loss. persistent vomiting. severe pain. fever. anemia and significant nutritional deterioration as referral concerns.

Participants review symptomatic cases and distinguish dietetic management from situations requiring further medical investigation or urgent referral.

Development Outcome: Participants should move from assuming that symptoms identify a diagnosis toward asking what has been medically established, what red flags are present, what nutrition problems exist and what can be addressed safely within dietetic scope.

MONTH 2: UPPER GASTROINTESTINAL DISORDERS AND FUNCTIONAL GASTROINTESTINAL NUTRITION

Theme: Treat the documented problem and the dominant symptoms, not every food the patient fears.

Purpose: To develop structured nutrition care for upper gastrointestinal disorders and functional bowel symptoms while avoiding unnecessary long term restriction.

Week

Focus

Learning Content

Practical Application

5

GERD, Reflux and Esophageal Nutrition

Gastroesophageal reflux disease as medical context. Heartburn and regurgitation. meal size. meal timing. body weight considerations where relevant. individualized triggers. caffeine and alcohol according to symptom pattern. late meals. avoiding universal prohibition lists. dysphagia awareness and referral.

Participants develop individualized reflux nutrition care for two patients with different symptom patterns and nutritional risks.

6

Dyspepsia and Gastroparesis

Functional dyspepsia concepts. early satiety. fullness. nausea. gastric emptying. gastroparesis as medical diagnosis. meal volume. texture. fat and fiber modification according to tolerance. liquid nutrition concepts. maintaining energy and protein when intake falls.

Participants design a nutrition strategy for a patient with delayed gastric emptying, reduced intake and unintentional weight loss.

7

Constipation, Diarrhea and Bowel Pattern Disorders

Fiber types. fluid. activity. bowel routine. medication contributors. constipation with low intake. diarrhea related hydration and electrolyte concerns. infection awareness. malabsorption. bile acid diarrhea concepts. stool consistency and symptom monitoring.

Participants compare constipation and chronic diarrhea cases and develop different assessment and intervention pathways.

8

Irritable Bowel Syndrome and Low FODMAP Therapy

Irritable bowel syndrome as a disorder of gut brain interaction. first line dietary care. meal regularity. fiber. caffeine. alcohol. symptom tracking. low FODMAP indications and limitations. short structured restriction. systematic reintroduction. personalization. dietary

diversity and adequacy.

Participants take a simulated patient through assessment, structured restriction, reintroduction and long term personalization rather than prescribing permanent avoidance.

Development Outcome: Participants should understand that low FODMAP is a temporary therapeutic process when indicated, not a permanent low FODMAP food list for every person with bloating or irritable bowel symptoms.

MONTH 3: CELIAC DISEASE, FOOD INTOLERANCE, INFLAMMATORY BOWEL DISEASE AND MALABSORPTION

Theme: Restriction is therapeutic only when there is a reason for it.

Purpose: To develop evidence informed nutrition care for immune mediated disease, food intolerance, inflammatory bowel disease, malabsorption and gastrointestinal related malnutrition.

Week

Focus

Learning Content

Practical Application

9

Celiac Disease and Gluten Related Concerns

Celiac disease as an immune mediated medical diagnosis.
importance of appropriate testing before gluten exclusion. lifelong gluten free management after diagnosis. wheat, barley and rye. label reading. cross contact. eating outside the home. fiber and micronutrient adequacy. iron. folate. B12. calcium and vitamin D considerations according to assessment.

Participants conduct a complete celiac nutrition consultation

including dietary education, cross contact prevention and nutritional monitoring.

10

Food Intolerance, Lactose and Elimination Diets

Difference between allergy and intolerance. lactose maldigestion and individual tolerance. fructose related symptoms. carbohydrate malabsorption concepts. food chemical concerns and unsupported intolerance testing. structured elimination only when justified. reintroduction and tolerance building.

Participants evaluate a patient avoiding dairy, gluten, fruit and several other foods without confirmed indications and plan safe diet liberalization.

11

Crohn Disease and Ulcerative Colitis

Inflammatory bowel disease as medical context. active disease and remission. disease location and surgical history. reduced intake. weight loss. diarrhea. strictures as medical concerns. iron, B12, folate and vitamin D considerations. food fear. oral nutrition support. avoiding unsupported permanent exclusion diets.

Participants compare nutrition priorities during active inflammatory bowel disease, remission and after bowel surgery.

12

Malabsorption, Micronutrient Deficiency and GI Malnutrition

Maldigestion and malabsorption concepts. steatorrhea. chronic diarrhea. reduced intake. nutrient losses. iron. B12. folate. calcium. vitamin D. magnesium. zinc and fat soluble vitamins according to disease context. nutrition focused physical findings. food fortification and oral nutrition support.

Participants develop a nutrition plan for a patient with gastrointestinal disease, weight loss, low intake and multiple

documented nutritional deficiencies.

Development Outcome: Participants should be able to distinguish medically necessary restriction from unnecessary food avoidance and protect nutritional status while managing inflammatory, immune mediated and malabsorptive gastrointestinal conditions.

MONTH 4: PANCREATIC, HEPATOBILIARY AND LIVER NUTRITION

Theme: The digestive system includes more than the stomach and bowel.

Purpose: To develop competence in pancreatic digestion, hepatobiliary disease, liver related malnutrition and disease specific nutrition support.

Week

Focus

Learning Content

Practical Application

13

Acute and Chronic Pancreatitis

Acute pancreatitis nutrition risk. oral and enteral feeding progression according to clinical status. chronic pancreatitis. chronic pain. reduced intake. maldigestion. weight loss. alcohol as relevant clinical context. avoiding automatic prolonged fasting or unnecessary severe fat restriction.

Participants compare nutrition priorities for acute pancreatitis recovery and chronic pancreatitis with poor intake.

14

Exocrine Pancreatic Insufficiency

Pancreatic enzyme function. exocrine pancreatic insufficiency. steatorrhea. weight loss. fat soluble vitamin risk. pancreatic enzyme replacement therapy as prescribed medical treatment. timing with meals and snacks. monitoring stool pattern, intake and weight.

Participants review a patient using pancreatic enzymes who continues to lose weight and identify nutrition, adherence and medical review priorities.

15

Gallbladder and Biliary Nutrition

Gallbladder function. bile and fat digestion. gallstone disease as medical context. symptoms and food tolerance. acute versus long term dietary needs. nutrition after cholecystectomy. avoiding unnecessarily permanent fat free diets. maintaining dietary adequacy during symptom management.

Participants develop an individualized nutrition progression for a patient before and after gallbladder surgery.

16

Metabolic Liver Disease, Cirrhosis and Advanced Liver Nutrition

Metabolic liver disease and cardiometabolic risk. cirrhosis. reduced intake. sarcopenia. protein adequacy. meal frequency. late evening nutrition concepts. ascites. sodium and fluid considerations according to medical status. hepatic encephalopathy as medical context. alcohol related liver disease and nutrition support.

Participants compare nutrition priorities for metabolic liver disease and decompensated cirrhosis with muscle loss and poor intake.

Development Outcome: Participants should understand that pancreatic and liver conditions can create major malnutrition and muscle loss risk, so restrictive advice must be balanced against the need to maintain adequate energy, protein and micronutrient

intake.

MONTH 5: GASTROINTESTINAL SURGERY, OSTOMIES, SHORT BOWEL AND NUTRITION SUPPORT

Theme: When gastrointestinal anatomy changes, nutrition care must change with it.

Purpose: To develop advanced understanding of perioperative nutrition, altered bowel anatomy, high output states, intestinal failure and nutrition support.

Week

Focus

Learning Content

Practical Application

17

Gastrointestinal Surgery and Postoperative Nutrition

Preoperative nutrition screening. malnutrition risk. nutrition optimization. bowel resection concepts. postoperative progression. early oral or enteral nutrition when clinically appropriate. protein and energy for healing. ileus awareness. poor intake and discharge planning.

Participants develop a perioperative nutrition pathway for a gastrointestinal surgery patient from preoperative assessment through recovery.

18

Ileostomy, Colostomy and High Output States

Ileostomy versus colostomy anatomy. output consistency. fluid and sodium losses. dehydration risk. food progression. individualized tolerance. blockage awareness. gas and odor concerns. high output

stoma concepts. oral rehydration principles within specialist care.

Participants develop a discharge nutrition plan for a new ileostomy patient and a separate strategy for a patient with high output and dehydration risk.

19

Short Bowel Syndrome and Intestinal Failure

Remaining bowel length and location. colon continuity. intestinal adaptation concepts. fluid and electrolyte losses. oral intake. macronutrient absorption. high output. dehydration. micronutrient risks. enteral nutrition. parenteral nutrition and specialist intestinal failure care.

Participants analyze a simplified short bowel case and identify the anatomical and clinical information required before planning nutrition.

20

Enteral and Parenteral Nutrition in GI Disease

Indications for oral nutrition supplements, enteral nutrition and parenteral nutrition. feeding route. formula concepts. tolerance. hydration. electrolytes. weight and biochemical monitoring. transition between routes. home nutrition support concepts. multidisciplinary nutrition support teams.

Participants decide whether oral diet, oral supplementation, enteral feeding or specialist parenteral nutrition is most appropriate in several simulated gastrointestinal cases.

Development Outcome: Participants should understand how altered anatomy, absorption, fluid losses and disease severity determine the route and intensity of nutrition support.

MONTH 6: ADVANCED GASTROENTEROLOGY DIETETIC

PRACTICE AND COMPLEX CASE MANAGEMENT

Theme: Treat the nutrition diagnosis, not simply the gastrointestinal label.

Purpose: To integrate specialized assessment, nutrition diagnosis, intervention, counseling, monitoring, documentation, referral and multidisciplinary case management.

Week

Focus

Learning Content

Practical Application

21

Gastrointestinal Nutrition Diagnosis and Clinical Prioritization

Converting assessment findings into nutrition diagnoses. inadequate intake. malnutrition. altered gastrointestinal function. food and nutrition knowledge problems. excessive dietary restriction. nutrient deficiencies. primary and secondary priorities. evidence supported PES statements.

Participants develop and defend nutrition diagnoses for irritable bowel syndrome, celiac disease, inflammatory bowel disease, pancreatic disease and intestinal failure cases.

22

Intervention, Counseling and Monitoring

Energy and protein prescription. fluid. fiber. micronutrients. food modification. elimination diets when justified. structured reintroduction. oral nutrition support. enteral feeding. food fear. symptom related anxiety. behavior change. monitoring symptoms, intake, weight, stool pattern and nutritional status.

Participants build complete interventions linked directly with

identified nutrition diagnoses and define when restrictions should be reviewed or liberalized.

23

Documentation and Multidisciplinary Gastroenterology Practice

ADIME documentation. communication with gastroenterologists, hepatologists, surgeons, nurses, pharmacists, psychologists, speech therapists and nutrition support teams. referral criteria. documenting food challenges, nutrition support and follow up. transition between inpatient and outpatient care.

Participants prepare a specialized gastrointestinal ADIME note and multidisciplinary referral communication.

24

Advanced Gastroenterology Case Defense

Integration of diagnosis, symptoms, bowel pattern, dietary intake, weight history, laboratory findings, investigations, disease activity, malabsorption, medications, surgery, food restrictions, psychosocial factors, nutrition diagnosis, intervention and monitoring.

Participants present and defend one functional gastrointestinal case, one inflammatory or malabsorptive case and one complex surgical, pancreatic or hepatobiliary case.

Development Outcome: Participants should finish the specialization able to justify every major dietary modification, explain how it relates to the nutrition diagnosis and identify when medical, surgical or specialist nutrition support input is required.

GASTROENTEROLOGY SPECIALIZATION CASE PORTFOLIO

Case Area

Practical Competency

GERD

Develop individualized reflux nutrition care without using a universal avoidance list.

Gastroparesis

Modify meal size, consistency and composition while protecting energy and protein intake.

Chronic Constipation

Integrate fiber, fluid, physical activity, bowel routine and medication related factors.

Chronic Diarrhea

Protect hydration and nutritional status while identifying dietetic and medical contributors.

Irritable Bowel Syndrome

Build individualized first line and symptom directed nutrition care.

Low FODMAP Therapy

Conduct structured restriction, systematic reintroduction and long term personalization.

Celiac Disease

Provide complete gluten free education, cross contact prevention and nutritional monitoring.

Lactose Intolerance

Determine individual tolerance rather than using universal dairy exclusion.

Food Restriction Case

Restore dietary variety when unsupported exclusions have accumulated.

Crohn Disease

Manage intake, nutrition risk and deficiencies according to disease activity, anatomy and treatment.

Ulcerative Colitis

Support nutrition during active disease and remission while avoiding unnecessary permanent restriction.

Gastrointestinal Malnutrition

Complete assessment, diagnosis, oral nutrition support and monitoring.

Chronic Pancreatitis

Address reduced intake, maldigestion, pain related nutrition problems and malnutrition risk.

Exocrine Pancreatic Insufficiency

Integrate enzyme therapy context with diet, weight and stool monitoring.

Advanced Liver Disease

Support energy, protein and muscle preservation while managing clinically indicated sodium and fluid concerns.

Ileostomy

Manage hydration, sodium, food progression and high output risk.

Short Bowel Syndrome

Apply anatomy informed nutrition reasoning and identify specialist nutrition support needs.

Enteral Nutrition

Develop feeding route, formula and monitoring framework for gastrointestinal disease.

Complex Multimorbidity

Prioritize overlapping gastrointestinal, metabolic and nutritional problems.

Final Case Defense

Defend the complete gastroenterology nutrition care process from assessment through monitoring.

PROFESSIONAL SCOPE INTEGRATION

Situation

Gastroenterology Dietitian Role

GI Symptoms Without Diagnosis

Conduct nutrition assessment, recognize red flags and refer for medical evaluation rather than diagnosing gastrointestinal disease from symptoms alone.

GERD

Provide individualized dietary and lifestyle support within established medical management.

Irritable Bowel Syndrome

Provide evidence informed nutrition therapy after appropriate clinical evaluation and avoid presenting every gastrointestinal symptom as IBS.

Low FODMAP Therapy

Use a structured therapeutic process with reintroduction and personalization rather than indefinite restriction.

Celiac Disease

Provide comprehensive gluten free nutrition management after

appropriate medical diagnosis and maintain long term nutritional adequacy.

Food Allergy and Intolerance

Protect nutrition status and use medically established allergy information while avoiding unsupported intolerance diagnosis.

Inflammatory Bowel Disease

Manage nutrition status, dietary adequacy, deficiencies and nutrition support within gastroenterology care.

Pancreatitis

Provide clinical nutrition support within medical treatment and adapt nutrition to disease phase and tolerance.

Pancreatic Insufficiency

Support nutritional management while pancreatic enzyme prescription and medical treatment remain clinician led.

Liver Disease

Manage malnutrition, dietary intake and nutrition related complications while medical treatment remains with hepatology and the wider team.

Ostomy

Manage hydration, electrolyte intake, food progression and nutritional adequacy alongside surgical and stoma care.

Short Bowel Syndrome

Work within specialist intestinal failure and nutrition support teams when absorption and fluid losses are complex.

Parenteral Nutrition

Participate within appropriately trained multidisciplinary nutrition support systems and institutional protocols.

Food Fear and Restriction

Address unnecessary dietary restriction while referring significant eating disorder, anxiety or psychological concerns appropriately.

Complex GI Disease

Work collaboratively with gastroenterology, surgery, pharmacy, psychology and specialist nutrition teams and recognize urgent referral needs.

FINAL SPECIALIZATION PORTFOLIO

Portfolio Component

Final Output

Gastrointestinal Assessment Form

Complete specialized digestive health nutrition assessment framework.

GI Symptom and Stool Tool

Structured symptom, bowel pattern, meal and possible trigger history.

Red Flag Screening Exercise

Dietetic recognition of symptoms requiring medical investigation or urgent referral.

GERD Case

Individualized nutrition and lifestyle intervention with monitoring criteria.

Irritable Bowel Syndrome Case

Complete functional gastrointestinal nutrition assessment and

intervention.

Low FODMAP Portfolio

Restriction, challenge, reintroduction and personalization process.

Celiac Education Toolkit

Gluten free education, label reading, cross contact prevention and nutritional monitoring.

Inflammatory Bowel Disease Case

Nutrition management across active disease and remission.

Malabsorption Case

Nutrient deficiency assessment and nutrition support strategy.

Pancreatic Case

Pancreatitis or pancreatic insufficiency nutrition framework.

Liver Case

Malnutrition, muscle preservation and disease related nutrition strategy.

Ostomy Case

Fluid, sodium, output and diet progression framework.

Short Bowel Case

Anatomy informed nutrition reasoning and escalation pathway.

Enteral Nutrition Case

Feeding route, formula and monitoring plan.

Gastrointestinal Malnutrition Case

Food first, oral nutrition support and follow up pathway.

Specialized ADIME Portfolio

Complete gastroenterology documentation across multiple cases.

Referral Framework

Gastroenterology, hepatology, surgery, psychology and nutrition support pathways.

Final Case Defense

Advanced gastrointestinal nutrition presentation with full clinical justification.

EXPECTED SPECIALIZATION TRANSFORMATION

At Entry

At Completion

Bloating means IBS.

I understand the need for structured assessment, red flag recognition and appropriate medical evaluation before applying IBS nutrition therapy.

GERD patients need a standard avoid list.

I individualize meal patterns and triggers rather than unnecessarily eliminating foods.

Low FODMAP means avoiding FODMAP foods.

I understand short structured restriction, systematic reintroduction and long term personalization.

Gluten free eating is generally better for gut inflammation.

I distinguish celiac disease and other gastrointestinal conditions before recommending gluten restriction.

Inflammatory bowel disease means avoiding fiber.

I modify food texture, fiber and overall intake according to disease activity, anatomy, symptoms and nutritional status.

Pancreatitis always requires a very low fat diet.

I individualize nutrition according to disease phase, maldigestion, tolerance, pancreatic treatment and malnutrition risk.

Liver disease means reducing protein.

I recognize malnutrition and sarcopenia risk and avoid indiscriminate protein restriction.

Ostomy nutrition means avoiding many foods.

I focus on hydration, electrolytes, output, anatomy, tolerance and progressive diet liberalization.

Gastrointestinal patients generally improve with more restriction.

I use restriction only when justified and protect dietary diversity whenever possible.

Gastroenterology dietetics is mainly symptom based meal planning.

I can conduct, document and defend a complete gastrointestinal medical nutrition therapy process.

FINAL LEARNING PATHWAY

Stage

Learning Progression

Stage 1

Understand gastrointestinal anatomy, digestion and absorption.

Stage 2

Understand motility, gut brain interaction and symptom mechanisms.

Stage 3

Conduct comprehensive gastrointestinal nutrition assessment and recognize red flags.

Stage 4

Manage upper gastrointestinal disorders and functional bowel symptoms.

Stage 5

Apply structured low FODMAP therapy when appropriate.

Stage 6

Manage celiac disease and food intolerance without unnecessary restriction.

Stage 7

Manage inflammatory bowel disease, malabsorption and nutritional deficiencies.

Stage 8

Understand pancreatic digestion and pancreatic insufficiency nutrition.

Stage 9

Manage hepatobiliary and liver related nutrition problems.

Stage 10

Understand perioperative gastrointestinal nutrition and altered bowel anatomy.

Stage 11

Manage ostomy, high output and hydration related nutrition concerns.

Stage 12

Understand short bowel syndrome, intestinal failure and nutrition support.

Stage 13

Develop nutrition diagnosis, individualized intervention and monitoring.

Stage 14

Document care, collaborate with specialist teams and defend advanced gastroenterology cases.

COURSE PHILOSOPHY

This specialization is designed to develop gastroenterology dietetic reasoning rather than provide a collection of restrictive gut diets. Participants learn to connect diagnosis, symptoms, disease activity, gastrointestinal anatomy, nutritional status, food tolerance, medications, surgery and psychosocial factors so that nutrition care is individualized, nutritionally adequate and clinically defensible.