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The Time Is Now for Mandatory Liver-Focused Clinical Experiences in Medical School.

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The Time Is Now for Mandatory Liver-Focused Clinical Experiences in Medical School

TO THE EDITOR:

The national burden of chronic liver disease (CLD) is steadily increasing faster than both congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). In fact, the number of inpatient hospitalizations for CLD now equals those of COPD.⁽¹⁾ These trends are only expected to worsen as the obesity and opioid epidemics fuel significant growth in the prevalence of nonalcoholic fatty liver disease and a resurgence of new hepatitis C infections, respectively.^(2,3) However, we previously demonstrated that while graduating internal medicine residents were uniformly comfortable managing CHF and COPD, only a minority felt confident managing cirrhosis when offered an elective inpatient hepatology rotation. The implementation of a mandatory hepatology experience improved these deficits and garnered career interest in hepatology.^(4,5) These findings evoke the hypothesis that earlier exposure to educational interventions in medical school could further augment the development of a physician workforce that is comfortable with the management of CLD.

However, in a brief survey of the top 25 U.S. medical schools, with 10 responding, only 234 of the 2,770 third and fourth-year medical students (8.4%) received dedicated exposure to CLD in one of three different clinical settings: an inpatient hepatology service, an inpatient consult service (either exclusively hepatology consults or a combination of gastroenterology and hepatology consults), or outpatient hepatology clinics (unpublished data). Importantly, of the six schools that provided a dedicated inpatient CLD service, those that assigned students to a mandatory rotation had a much larger proportion of students rotating than those that offered it as an elective (mean 17.4% versus 1.2%), suggesting that future curricula need to be mandatory to ensure adequate exposure to CLD across classes of students. These preliminary data, which suggest a significant deficiency of dedicated exposure to CLD in medical school, need to be confirmed by a larger, more comprehensive survey of clerkship directors. Such data from a broader survey would be instrumental


in prompting a widespread modification of medical school curricula to more greatly emphasize CLD and better reflect its changing epidemiology.

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