

A recipe for nutrition competent physicians

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Introduction:

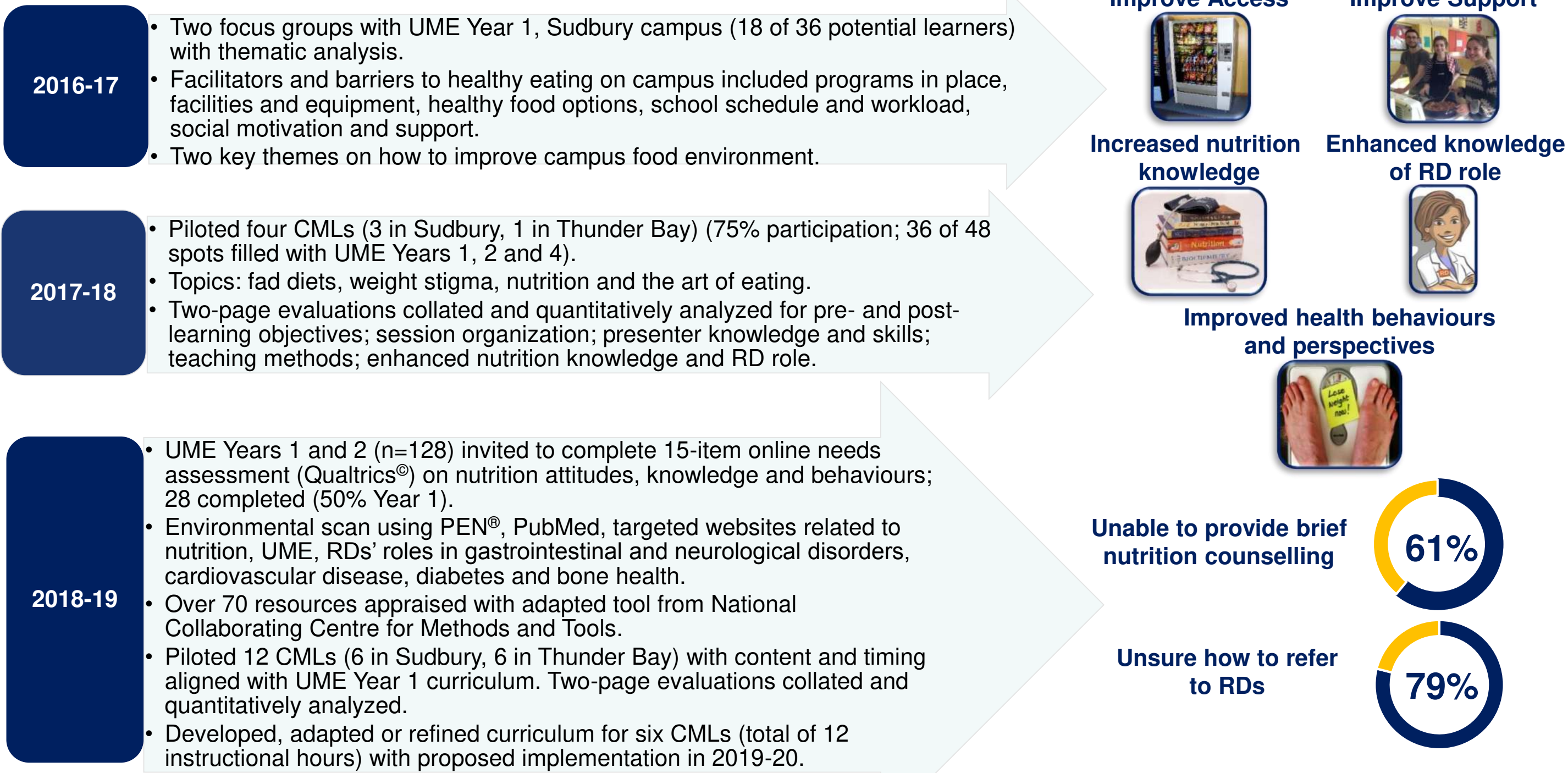


Nutrition and lifestyle interventions are the **cornerstone** of chronic disease prevention^{1,2,3} yet diet remains underappreciated as an intervention to empower patients⁴. Physicians are not comfortable, confident or adequately prepared to provide nutrition counselling due to minimal education in basic nutrition and nutrition interventions in medical school⁵⁻⁷. Canadian medical students including those at Northern Ontario School of Medicine (NOSM) are dissatisfied with the nutrition education they receive^{8,9}. Efforts to improve this nutrition education have been undertaken by the Northern Ontario Dietetic Internship Program (NODIP) at NOSM. Culinary medicine labs (CMLs), delivered by registered dietitians (RDs), combine food literacy with clinical nutrition recommendations for medical learners¹⁰.

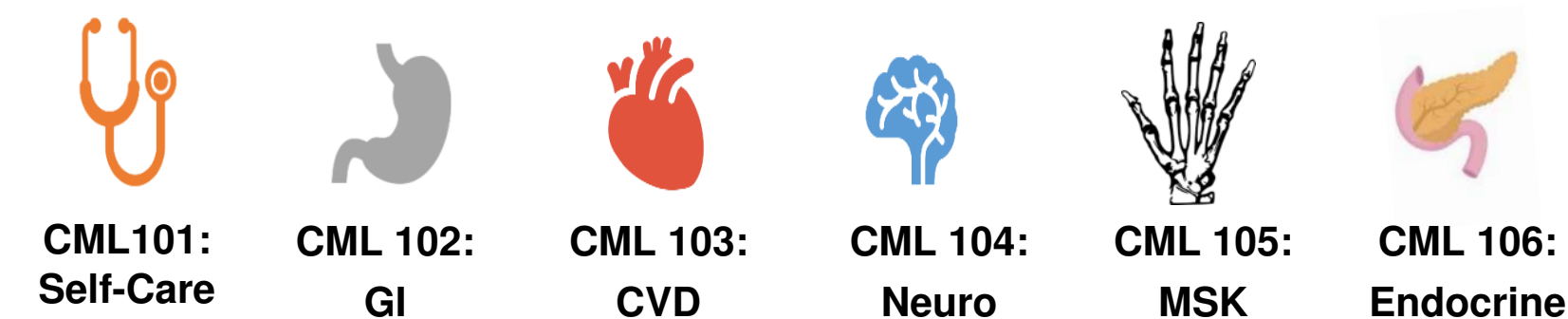
Purpose:

To demonstrate the need for an integrated, tailored CML curriculum for Year 1 and 2 Undergraduate Medical Education (UME) students.

Process and Outcomes:



CML Topics for Year 1:



12-Educate patients on disease management, health promotion and preventive medicine.



Discussion:

The CML participation rates varied (75% in 2017-18; 46% in 2018-19); challenges included regular attendance due to scheduling conflicts in the timetable and not being included in UME calendar. This interprofessional learning model with medical students, dietetic interns and RDs enhanced a greater understanding the roles of the health care team including the RD⁷. The CML model is not unique; best practices include Tulane University with more than 50 US medical school affiliations. In Canada, CMLs are delivered at University of Toronto, Calgary and BC. A mandatory integrated CML curriculum would support accreditation including required interprofessional learning experiences and assessment that has been designed and delivered by qualified RD staff and faculty who can ensure the content and revisions are current and credible⁷.

Conclusions:

The CML model increases nutrition competence, improves personal health behaviours and perspectives, and as a result medical graduates may be better able to counsel their patients as they progress towards the Entrustable Professional Activities (specifically 12) for residency¹¹. A multi-prong approach supported development of a comprehensive, evidence-based CML curriculum that is aligned with NOSM's UME Year 1 curriculum and ready for implementation. Additional curriculum development and CML pilot for UME Year 2 has been proposed for 2019-20 with a goal of mandatory integration for Years 1 and 2 in 2020-21.

Significance to the field of dietetics:

Interprofessional nutrition education, led by RDs, should be an essential component of medical education¹². Nutrition competent physicians are more likely to consult RDs, refer patients, and understand and value the role of the RD in health care¹².

References:

¹Sievenpiper et al. Nutrition therapy. Can J Diabetes. 2018; 42 (Suppl1):S64-S79. ²Andersen TJ et al. 2016 Canadian Cardiovascular Society guidelines for the management of dyslipidemia for the prevention of cardiovascular disease in the adult. Can J Cardiol. 2016 Nov; 32(11):1263-1282. ³Nerenberget al. Hypertension Canada's 2018 guidelines for diagnosis, risk assessment, prevention, and treatment of hypertension in adults and children. Canadian Journal of Cardiology 2018; 34:506e525. ⁴Rundle M. We need more nutrition education in medical schools. CMAJ Blogs, September 26, 2018. ⁵Adams KM et al. Nutrition in medicine: Nutrition education for medical students and residents. Nutr Clin Pract. 2010; 25 (5): 471-480. ⁶Devries S et al. A deficiency of medical education in medical training. Am J Med 2014; 127(9): 804-806. ⁷Burch E et al. Dietitians' perspective on teaching nutrition to medical students. J Am C Nutr. 2017; DOI: 10.1080/07315724.2017.1318316. ⁸Gramlich LM et al. Medical students' perspectives of nutrition education in Canadian universities. Appl Physiol Nutr Metab 2010; 35(3): 336-43. ⁹Leduc L. The need for nutrition education in medical school curriculum. Canadian Obesity Network Blog (June 14, 2018). ¹⁰Puma J. What is culinary medicine and what does it do? Population Health Management 2016 Feb 1; 19(1):1-3. ¹¹The Association of the Faculties of Medicine of Canada. EPAs for all Canadian medical schools and students. ¹²Academy of Nutrition and Dietetics. Position of the Academy of Nutrition and Dietetics: Interprofessional education in nutrition as an essential component of medical education. J Acad Nutr Diet 2017; 117:1104-1113.

