

8 ways med schools can take nutrition from classroom to kitchen

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The state of nutrition education in U.S. medical education requires readjustment, and some medical schools and educators are exploring solutions. Review this expert-approved list of recommendations for how to start a nutrition education program at your school.

Authors of a recent perspective in *Academic Medicine* on the state of nutrition education in medical schools have offered some suggestions for versatile ways to teach students about nutrition in and out of the classroom. And some of them already have been gaining momentum in medical education.

“We offer these suggestions with the intention of elevating the prominence of nutrition science, self-care, lifestyle medicine, and behavioral optimization and placing them on par with existing educational requirements,” the authors said.

Some of these curricular suggestions include:

Teach holistically

Students should be required to take courses in nutrition exercise, stress management and sleep hygiene.

Test for nutritional knowledge

Med schools should consider competency examinations that cover factual knowledge and students’ ability to give sound advice on nutrition and wellness. These classes can operate as prerequisites for professional certification.

Use teaching kitchens as laboratories

Can combining anatomy with culinary lessons actually teach students about the dietary impact of foods? This question has been the impetus for medical schools across the country that are taking students from the classroom to the kitchen for a taste of experiential learning.

For instance, the Geisel School of Medicine at Dartmouth “[is] creating curricula for medical students and internal medicine residents” that will teach “nutrition didactics ... in lecture format, and cooking classes will be offered through partnerships with area culinary class venues near the college,” the authors wrote.

Tulane University School of Medicine has followed a similar approach, offering medical students an optional elective “clinical rotation at a professional cooking school.”

The University of Chicago Pritzker School of Medicine has enlivened its curriculum with culinary lessons. The school’s “Healthy Kitchen, Healthy Lives—Caring for Our Patients and Ourselves” medical education conference, which “blends didactic and experiential learning through academic lectures, cooking demonstrations and hands-on cooking ... across a variety of instructional kitchens,” continues to gain popularity, according to the perspective.

Find ways to assess this form of learning

For instance, using objective structured clinical examination may be helpful for training and evaluating students on lifestyle counseling, the authors of the perspective said.

Practice what you teach

Create “hospitals and ambulatory care venues with exceptional cafeterias, restaurants, teaching kitchens, and inpatient menus showcasing foods that are healthy, delicious, affordable and easy to make,” the authors said, noting that nutritious foods should replace their processed predecessors in hospital eateries.

Get your information from a new source

Incorporate data from wearable or implantable devices as routine elements of the everyday electronic

health record.

Support sound mental health

Train students in “self-regulatory methods, including mind-body and mindfulness techniques,” the authors said.

Lead by example

Align physicians and care teams in a collaborative effort to maintain a healthy diet and lifestyle, just as physicians did in anti-smoking campaigns of the 1970s. When they quit smoking and urged their patients to do the same, they helped to “catalyz[e] the successful ‘movement’ to lower smoking rates in the United States.” The authors suggest uniting with the same dedication to quit eating unhealthy foods.

For more information about nutrition in medical education, review part one of this two-part series, which discusses the pitfalls and considerations educators should know about nutrition education.