

A few comments on “let food be thy knowledge gap: the lack of nutrition education in medical curricula”

Quelques commentaires à propos de « Nourrissons les lacunes de connaissances : le manque d'éducation nutritionnelle dans le cursus médical »

Adam Neufeld¹

¹Cumming School of Medicine, University of Calgary, Alberta, Canada

Correspondence to: Adam Neufeld MSc, MD, CCFP; email: adam.neufeld@ucalgary.ca

Published ahead of issue: Jan 25, 2024; published: Feb 29, 2024. CMEJ 2024, 15(1) Available at <https://doi.org/10.36834/cmej.78784>

© 2024 Neufeld; licensee Synergies Partners. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (<https://creativecommons.org/licenses/by-nc-nd/4.0>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

Introduction

Esmonde-White is right that we should focus more on nutrition in medicine.¹ “Just get the calories in...” fits in the hospital: most stays are short, and the physician’s aim is to “optimize” the patient – not the breakfast menu. Patient nutrition *is* critical though. As a family doctor, I see many patients whose health issues (e.g., diabetes, arthritis, sleep apnea) directly relate to it, who are struggling to eat and live well.

Though no expert, I have taught myself a lot about nutrition. I counsel patients on concepts like *total daily energy expenditure (TDEE)*, *macronutrient values*, and *nutrient timing*, and I can troubleshoot when they run into challenges. This supports their perceived competence and self-determination, which facilitates behaviour change.²

These concepts are well evidenced in exercise science, but they are not part of today’s medical curricula. Why? As Esmonde-White states,¹ learning how to leverage the power of nutrition would be a breath of fresh air and support physicians’ effectiveness. To that end, I recommend that medical schools do the following:

1. **Focus more on the “how” of nutrition.** Make nutrition teaching less didactic (what the vitamins and minerals are) and more interactive (how to apply concepts in real time). Students must learn the foundation in nutrition, but also how to take a relevant history,

identify malnutrition on exam, determine a patient’s TDEE and intake goals, and create a tailored plan. Otherwise, the “what” and “why” are useless to the patient.

2. **Bring in dietitians.** A great way to emphasize the “how” of nutrition is to directly involve certified dietitians. They have relevant knowledge and experience with patients and can guide learners in knowing how to approach different challenges in the clinical setting, including when and how to refer to them for assistance and support.
3. **Teach students how to tailor assessments and plans.** Is the patient on a tight budget? Are they a vegetarian, or have food sensitivities? Are they older or younger, more athletic, or sedentary? The more personalized things are, the better the outcome for the patient.
4. **Incorporate patient perspectives.** Patient storytelling is a powerful way of teaching that benefits both students and patients. Simulated patients could also help learners synthesize and apply concepts through motivational interviewing (e.g., around changing eating habits), which is a key component of effective nutritional counselling.

Conflicts of interest: None

Funding: None

Edited by: Marcel D'Eon (editor-in-chief)

References

1. Esmonde-White C. Let food be thy knowledge gap: the lack of nutrition education in medical curricula. *Can Med Educ J.* 2023. <https://doi.org/10.36834/cmej.76390>
2. Ryan RM, Patrick H, Deci E, Williams G. Facilitating health behaviour change and its maintenance: Interventions based on Self-Determination Theory. *Eur Psychol.* 2008;10.