

ACGME Summit on Medical Education in Nutrition Develops Guidance for Educators on Improving Education in Nutrition

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Chronic health conditions are among the leading causes of death and disability in the United States.¹ Poor diet is recognized as a prominent risk factor for developing chronic health conditions such as cardiovascular diseases, cancer, diabetes, and obesity.² Healthy eating has been shown to prevent or delay the onset of chronic health conditions and helps people manage these conditions and prevent complications.³ Integrating nutrition in medical education and patient care provides a pathway to improve the public's overall health.

Though the link between diet and certain chronic diseases is clear, consensus is needed on the best approach to integrating nutrition topics into the medical education curriculum. With that context in mind, the Accreditation Council for Graduate Medical Education (ACGME) brought together the entire continuum of medical education in March 2023 for a Summit on Nutrition in Medical Education, in collaboration with the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine. The event brought together 100 medical education stakeholders, nutritionists, and dietitians to focus on 2 areas: (1) what residents need to know about nutrition to develop the competence and confidence to counsel their patients with sensitivity to the relationship between their food history and their health, and (2) how nutrition education in graduate medical education (GME) fits into the continuum of medical education, from undergraduate medical education (UME) through clinical practice and continuing medical education (CME). Attendees included representatives of UME and GME, specialty societies, and certifying boards. Also attending were physicians who are experts in nutrition and teaching nutrition to medical students and

residents, as well as registered dietitians and nutritionists.

Speakers and panelists included leaders in medical education, research, nutrition, and dietetics who provided knowledge and commentary in their areas of expertise and from their personal experience. Over 3 days of discussion and small group work, participants affirmed nutrition as an essential aspect of medical education and training, noting that the ideal nutrition education is interdisciplinary, includes paraprofessionals, and engages the community to build structural and cultural awareness and understanding. The following is a summary of the discussions that occurred during the summit related to GME.

Goals for Nutrition Education in UME, GME, and CME

The goal for nutrition education across the medical education continuum is to create an integrated, longitudinal, and interprofessional nutrition curriculum and to help students and trainees gain experience building the skills necessary to care for patients. Receptivity to nutrition as central to physical health is an essential element to routine discussions of nutrition in all specialties. Training should prepare physicians to simplify existing nutrition knowledge into practical, usable information, appropriately refer patients to non-physician providers such as registered dietitians and registered dietitian nutritionists, reduce the spread of medical misinformation, and be knowledgeable of existing resources available within the institution and community at large. Physicians should also be prepared to recognize and address food insecurity, social determinants of health, and the history that created them, while refraining from judgment and practicing cultural humility. For practicing physicians, the ability to course-correct with up-to-date foundational knowledge with a growth mindset is critical.

Integrating evidence-based, specialty-related information on nutrition and the relationship between

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diet and disease throughout education and training is needed to prepare physicians to provide recommendations and support during patient encounters. Rather than simply adding additional components to the curriculum, competency-based learning can provide a framework for a holistic approach to integrating nutrition education. Additionally, educational experiences that introduce the scope of training and practice of nutritionists and dietitians early in physicians' education and training will provide a basis for interprofessional collaboration on nutrition during medical education and throughout a physician's career.

Nutrition-Related Skills for Residents

Residency is designed to prepare physicians to provide optimal patient care to meet the public's health care needs. An increasing evidence base supports an understanding of food as a determinant of health and a recognition that residents and fellows are eager for more education in this area. There is also growing recognition of the need to emphasize cultural and socioeconomic awareness of nutrition in patient encounters and acknowledge patients as thoughtful experts in their own food experiences.

To meet the needs of the public, residents must develop a clear understanding of evidence of the role that nutrition and food security play in overall health. Residents should receive training in basic nutrition counseling, and applying correct, unbiased, and evidence-based dietary guidelines for patients. They should be able to apply evidence-based information about nutrition specific to their specialty and translate it correctly for patients during treatment, with cultural sensitivity, humility, empathy, and a lack of bias.

Residents should also be taught to identify and address food insecurities among patient populations. This includes being able to assess food history and conduct a physical examination for malnutrition. Residents should be mindful of the structural determinants of health and understand that these factors often cannot be addressed within their immediate scope. As such, they should also learn about and understand how to access the resources available in the community to support their patients' food needs.

Importantly, residents should learn to recognize their limits in providing nutrition counseling and know how to utilize the interprofessional teams in their care setting, if available, and refer patients for specialized care. To support their own personal growth and abilities, residents should learn how to incorporate their knowledge of nutrition into their busy lifestyles and understand how their own choices may impact their recommendations to patients.

Opportunities and Challenges

Summit participants engaged in focused discussion about opportunities and challenges related to integrating nutrition-related education and training within medical education. Some of those challenges can be overcome by developing shared goals for nutrition education and competencies, including agreed-upon terminology (eg, food as medicine, culinary medicine, and lifestyle medicine). Agreement about priorities in curricula would also be helpful and could lead to competencies in UME and GME that provide a foundation for courses and experiences in nutrition science. At the GME level, there is an opportunity to map nutrition into existing competency and assessment frameworks, and in fact, the ACGME has begun this work in partnership with some summit attendees. Other challenges, such as funding to support faculty members and facilitate experiential learning opportunities in residency, will require a system-wide effort. Participants strongly recommended sharing resources within the GME community, noting that several curricular models and courses have already been developed.

The prevalence of diet-related chronic disease in the United States continues to increase, endangering the overall health and well-being of the American public and stretching the capacity of the health care system in a manner that is unsustainable. Physicians can play a role in promoting nutrition-focused interventions, which have been proven to aid in preventing and managing diet-related diseases. Enhancing physician education and training by integrating nutrition education and experiences into the medical education curriculum is the shared responsibility of the medical education continuum. It is important to remember that medical school graduates, residents, and fellows will practice in diverse settings, which means that a "one size fits all" approach will not result in long-term success; rather, the focus should be on identifying what learners need to know and the best approaches to teaching those skills and competencies. This summit served as an opening salvo for what has become an ongoing conversation on how medical education and training can be leveraged to address this continuing health crisis.

A full summary of the proceedings of the Summit on Medical Education in Nutrition is available at www.acgme.org.

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