BARRIERS & SOLUTIONS

Barriers
1. Dense medical school curricula
2. Absence of subject matter experts
3. Limited application of nutrition science
4. Inadequate collaboration with nutrition specialists
5. Resource allocation (e.g. funding, facilities)

Solutions
1. Integrate nutrition into curriculum development as early as possible
2. Hire expert faculty (e.g. Nutritional Sciences PhD)
3. Build a teaching kitchen for application of knowledge
4. Actively involve nutrition faculty in curriculum planning; collaborate with subject matter experts at other institutions
5. Budget for necessary resources

BACKGROUND

Poor nutrition is a leading risk factor for obesity worldwide and increases the risk of several chronic diseases including heart disease, hypertension, type 2 diabetes mellitus, and hypercholesterolemia. For the last several decades, the US population has not been eating a healthy diet and obesity rates are on the rise.1,2

CHSU-COM Teaching Kitchen

• Application of nutrition concepts through hands-on culinary education
• Interprofessional collaboration opportunities
• Community engagement opportunities

Nutrition coursework hours (estimated) in preclinical years of osteopathic medical training at CHSU

OMS-I
OMS-II
11
14
11
14

Hands-on cooking class (teaching kitchen hours)
Dedicated nutrition coursework (team-based learning and self-study activities)

CONCLUSION

Having a healthy, well-balanced diet is a modifiable behavior that can decrease risk and improve management of chronic conditions. It can be a path to a better quality of life.

Medical school is a favorable environment to incorporate culinary nutrition education prior to practice.

Having a teaching kitchen in a medical school provides students with the unique opportunity to apply the nutritional knowledge taught in class to a hands-on learning experience and increases their basic culinary skills.

These opportunities will allow future physicians to cook visually appealing, healthy foods for themselves and to confidently advocate for healthy eating at the patient and community levels as an approach to disease prevention.

REFERENCES


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