

Conference sub-theme: Nutrition education

Abstract title: The Current State of Nutrition Education in Medical Schools in the United States: An Analysis of Curriculum, Faculty Perspectives, and Resources

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Background/Objectives:

This study aims to assess the state of nutrition education in US medical schools and provide recommendations for improvement. Nutrition education is crucial in preventing and treating chronic diseases, yet it often receives insufficient attention in medical school curricula. The objective is to determine the extent of nutrition education incorporation, available resources, and faculty perspectives. By examining these factors, the study aims to underscore the need for comprehensive nutrition education and inform policy recommendations to expand nutrition education for future medical providers.

Methods:

A cross-sectional survey design collected data on nutrition education curriculum, faculty perspectives, funding and resources and development and delivery costs standards in MD/DO schools. Surveys were administered via email to key stakeholders, including deans, associate deans, and faculty members. A standardized questionnaire, pre-tested for clarity and ease of use, was utilized. Non-responsive participants were contacted for phone interviews to gather additional information.

Results:

Of the 202 MD/DO schools surveyed, 31 schools responded (25 MD, 6 DO). Among respondents, 32.26% had a standalone nutrition course, while 61.29% integrated nutrition education with other courses. The remaining 6.42% did not offer any nutrition education. On average, nutrition education received 20.37 hours per academic year. The primary methods used were lectures (56.67%) and online modules/interactive sessions (26.67%).

Conclusions:

This study highlights the urgent need to address deficiencies in nutrition education within medical schools. Less than 22% of surveyed schools meet the minimum recommendation of 25 hours of nutrition education for medical students. Inadequate nutrition education may result in physicians lacking essential knowledge and skills for effective nutrition counseling, impeding disease prevention and health promotion. Policy measures should ensure meeting the minimum recommendation and establishing standalone nutrition-focused courses. By prioritizing nutrition education, medical schools can reduce health disparities and improve patient outcomes.