Nutrition toolkit

Learning more about nutrition at medical school can benefit GPs – and their patients – once they move into practice.
Nutrition is an area of healthcare in which some GPs may struggle to offer patients the most comprehensive advice. Some feel a greater focus on nutrition at a university level would help GPs enter the profession with a solid foundation of knowledge, rather than having to learn ‘on the job’.

‘Nutrition is really important and we do need to be well educated in it,’ Dr Rebecca Jarvis, a new GP who works in a practice with a focus on lifestyle medicine, including nutrition, told Good Practice.

‘Medical students would benefit from more education on nutrition but, at the same time, we have to keep in mind there is already a high workload associated with the degree.

“So it’s getting that balance right.’

Professor Caryl Nowson, of Deakin University’s Centre for Physical Activity and Nutrition Research, is a strong advocate for integrating nutrition into medical schools.

‘Medical graduates in Australia are ill equipped to identify and appropriately manage nutritional issues of patients, which contribute to increased complication rates and increased hospitalisation time,’ she said.

‘Course infrastructures do not support the delivery of a sustainable nutrition curriculum.’

Nutrition toolkit

Nowson is one of the Australian university educators involved in the development of the new Web-based Nutrition Competency Implementation Toolkit (WNCIT).

The WNCIT is designed to allow universities across Australia to effectively embed nutrition into medical courses, enabling graduates to be more nutritionally competent.

Nowson said the WNCIT is suited to case-based medical learning.

“There’s around 53 cases at Deakin University, for example; and about 48 of them could have a nutrition component,” she told Good Practice.

‘I am not saying you should put nutrition into all of those. But put it into, say, five cases and you have a learning objective around nutrition.’

Nowson agrees with Jarvis that incorporating nutrition into medical curriculum should not mean a greater workload for students. She believes the structure of the WNCIT allows for an appropriate balance between work and increased knowledge.

‘The key thing is looking at ways to integrate nutrition into the medical curriculum, not adding more lectures,’ Nowson said. ‘It’s making nutrition the learning objective for a number of problem-based cases.

‘That means that nutrition becomes part of the core curriculum.’

The WNCIT is a problem-based learning exercise that consists of four key components:

- Nutrition competency framework for medical graduates, including a set of learning outcomes derived from four knowledge- and five skill-based nutrition competencies to identify and appropriately address nutritional risk.
- Web-based nutrition curriculum mapping tool for medical schools to review and map the nutrition content and assessment in medical courses.
- Exemplars of nutrition competency assessment tools.
- Collation of web-based nutrition education resources matched to specific learning outcomes that provide evidence-based information to be used by teachers and students.

‘My idea is that, in the long-term, this will be a dynamic space where medical schools that find effective teaching examples would be able to upload those and, in a secure way, be able to share relevant questions among the medical schools,’ Nowson said.

The ability to give appropriate nutritional advice to help optimise physical and cognitive function would be of significant benefit to GPs

The WNCIT’s first component, the nutrition competency framework, is currently available online (refer to breakout above), with the other components scheduled to be released over the coming months.

‘Course infrastructures do not support the delivery of a sustainable nutrition curriculum.’

Nutrition competency framework

The WNCIT’s Nutrition competency framework includes four knowledge- and five skill-based competencies.

Knowledge of:

- the basic sciences in relation to nutrition
- the interactive role of nutrition in health and the prevention of disease
- evidence-based dietary strategies for prevention and treatment of disease
- food sources of nutrients, food habits and the cultural and social importance of food.

Skills in:

- the identification of nutritional risk, deficits and excesses
- interpreting nutrition evidence in a critical and scientific manner and applying it in clinical practice
- applying basic dietary strategies for prevention and treatment of medical conditions and disease and trauma, recognising many nutritional issues require specialist management by a dietitian
- applying principles of ethics related to nutritional management
- working effectively in a team with other health professionals to deliver optimal nutrition care.

Visit http://wncit.weebly.com for more information on the WNCIT.
‘The larger picture is to ultimately get it into the continuing education space for GPs and specialists in terms of nutrition because we want it to be reinforced once they graduate.

‘My aim is to develop this further and use it as the basis to develop a continuing education module for GPs.’

**Benefits of knowledge**

Dr Mark Kennedy, a Victorian GP who runs a medical group that consists of three practices and a community-based integrated multidisciplinary diabetes centre, has done extensive postgraduate work in nutrition. He believes GPs having a better understanding of nutrition can benefit patients in a range of areas, including diet, chronic illnesses and overweight and obesity.

‘I think nutrition is involved in just about every consultation that we see in general practice,’ he told *Good Practice*.

‘There are elements in terms of either the patient’s current presentation or in the preventive care advice we can give.

‘The ability to give people appropriate nutritional advice to prevent a lot of problems, or to optimise their physical and cognitive function, is something that would be of significant benefit to GPs and to their patients.

‘[It’s about] giving parents advice on what’s the most appropriate diet for their babies, their infants, their children; giving adolescents advice on what is a well-balanced healthy diet to allow them to perform, whether physically or in terms of their studies; minimising risk of developing eating disorders or becoming overweight or obese.’

Jarvis believes young GPs would find significant value from increased knowledge when it comes to looking at nutrition’s role in a person’s overall health. However, knowing what they don’t know is also important.

‘Yes, they have sufficient basic nutritional knowledge to manage issues,’ she said. ‘But what they also need to be aware of is when to refer and when to get extra resources.

‘But, certainly, I think a little bit more information on the nutritional needs and how it changes with disease and with age would be important.’

It is for this reason Kennedy is in favour of medical students learning more about nutrition at university and having nutritional competencies before they graduate, rather than learning on the job or having to undertake further studies.

As a medical educator, Kennedy has a very good understanding of how students and new GPs approach nutrition, both at medical school and in consultation with patients.

‘I think that they have the same deficiencies and feel ill equipped, often, to give specific advice to patients,’ he said.

‘There is still, in my mind, but I think also in the registrars’ minds, a large area of knowledge deficiency in terms of clinical nutrition and how to counsel their patients. That’s the practical aspect to it that I think hasn’t traditionally been covered as well in medical schools, and needs to be.

‘It’s not something that should be coming after they’ve gone into practice if they’re interested. It’s something that should be part of their studies.

‘The nutritional contributors to all of the illness and disease that they will see in their careers need to be presented alongside all of the other information that they are studying in relation to those conditions.’

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Images: Caryl Nowson, Mark Kennedy, Rebecca Jarvis