Top Ten Things to Know
Medical Nutrition Education, Training, and Competencies to Advance Guideline-Based Diet Counseling by Physicians

1. This Science Advisory reviews current gaps in medical nutrition education and training in the U.S. and summarizes reforms in undergraduate and graduate medical education that support and facilitate more robust nutrition education and training efforts.

2. There is now abundant scientific evidence documenting that adherence to a healthy dietary pattern reduces the risk of atherosclerotic cardiovascular disease (ASCVD) events and can significantly advance population-wide cardiovascular health, supporting the principal objectives of the American Heart Association’s (AHA’s) Strategic Impact Goals for 2020 and beyond.

3. Despite this evidence, U.S. medical schools provide, on average, less than 25 hours of required nutrition education, and post-graduate training is minimal. Although physicians are willing to undertake this task, they engage patients in diet counseling at less than desirable rates and cite insufficient nutrition knowledge and training as barriers to carrying out this role.

4. There is a pressing need for physicians to be more proficient in implementing the AHA/ACC lifestyle guidelines for decreasing atherosclerotic cardiovascular disease (ASCVD) risk and preventing and treating overweight/obesity.

5. Major reforms in undergraduate medical education (UME) and graduate medical education (GME) designed to incorporate advances in the science of learning and to better prepare physicians for 21st century healthcare delivery is providing a new impetus and novel opportunities to expand medical nutrition education and training nationwide.

6. This Science Advisory outlines cardiovascular disease (CVD) related competencies categorized by the Accreditation Council for Graduate Medical Education (ACGME) domains of 1) Patient Care 2) Medical Knowledge 3) Systems Based Practice 4) Practice-Based Learning and Improvement 5) Interpersonal Skills and Communication and 6) Professionalism.

7. A framework is presented for integrating formal learning in nutrition with practical, experiential, inquiry-driven, and interprofessional clinical activities which will help prepare physicians for team-based care with Registered Dietitian-Nutritionists (RDNs) and other qualified dietetic professionals with the goal of reducing the public health and economic burdens from ASCVD.

8. This framework includes the integration of applied nutrition and skill building with the use of innovative activities that engage the trainee and provide experiential learning. Examples include diet behavior and culinary medicine electives, personal wellness and diet self-care, nutrition-related community outreach activities, and culinary skills development via hands-on food workshops and cooking demonstrations.

9. This Advisory provides comprehensive resources for improving medical nutrition education and training including curricula building guidance, educational content resources and continuing medical education (CME) resources.

10. Nutrition is a dynamic science with a rapidly evolving evidence base requiring continual updating and renewed translational efforts. Thus, the competencies outlined in this Advisory can provide a foundation for advancing nutrition knowledge and skills across the learning continuum.