

## Research Article

# The State of Nutrition Education at US Medical Schools

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**Purpose.** To assess the state of nutrition education at US medical schools and compare it with recommended instructional targets. **Method.** We surveyed all 133 US medical schools with a four-year curriculum about the extent and type of required nutrition education during the 2012/13 academic year. **Results.** Responses came from 128 institutions (96% response rate). Most US medical schools (86/121, 71%) fail to provide the recommended minimum 25 hours of nutrition education; 43 (34%) provide less than half that much. Nutrition instruction is still largely confined to preclinical courses, with an average of 14.3 hours occurring in this context. Less than half of all schools report teaching any nutrition in clinical practice; practice accounts for an average of only 4.7 hours overall. Seven of the 8 schools reporting at least 40 hours of nutrition instruction provided integrated courses together with clinical practice sessions. **Conclusions.** Many US medical schools still fail to prepare future physicians for everyday nutrition challenges in clinical practice. It cannot be a realistic expectation for physicians to effectively address obesity, diabetes, metabolic syndrome, hospital malnutrition, and many other conditions as long as they are not taught during medical school and residency training how to recognize and treat the nutritional root causes.

## 1. Introduction

Poor nutrition contributes to the development of most chronic diseases and even some acute conditions. The ongoing obesity epidemic demands urgent attention from physicians, and they can make a difference in their daily clinical practice without compromising the delivery of their usual services [1–3]. There is an increasing recognition that malnutrition is common in hospitalized patients, that it promotes the development of pressure ulcers and prolongs hospitalization stays, and that it is a major contributor to poor outcomes with many medical procedures. Timely nutritional assessment of at-risk patients and initiation of determined countermeasures are often effective and save costs [4]. Ill-advised overfeeding, on the other hand, can put malnourished patients at acute risk due to refeeding syndrome [5]. In fact, there are few areas of medical practice that are completely isolated from nutritional links or influences.

Physicians must be prepared for the many diverse situations when solid nutrition knowledge and clinical nutrition skills can improve the likelihood of optimal health outcomes. Physicians shape clinical practice patterns, direct other healthcare staff, and allocate resources. They must be able to recognize the importance of nutritional problems and take the initiative to make nutrition a key part of their daily practice, such as routinely including nutrition assessment during history-taking and physical examination. Physicians are the ones who routinely see patients when they need nutritional guidance the most; they must be able to recognize the need for a nutrition consultation, set the stage by explaining the importance of action to the patient, and then refer the patient to the appropriate professionals, such as a registered dietitian nutritionist.

Physicians in the US are largely on their own when it comes to learning how to look for signs of nutrition problems, how to explain the significance of nutrition-related conditions and appropriate interventions, and how to refer patients

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