



Culinary Medicine Training

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No disclosures

Introduction

- Medical students and residents request practical nutrition training to counsel patients
- The amount and type of medical nutrition education received has fluctuated over time
- Culinary medicine is a promising method of nutrition education
- Lack of kitchen facilities, budget, and time constraints are barriers

Objective: Respond to learner's request for Culinary Medicine

Develop and implement an acceptable and right-sized Culinary Medicine program minimizing barriers to implementation while improving knowledge and confidence in healthy dietary counseling skills.

Methods



- Appointed a planning committee
- Secured support and budget and curriculum time
- Identified facilities to accommodate
- Selected a topic
 - Included cultural competency
- Developed a facilitator guide
- Teamed residents with high school students
- Surveyed residents

Great cooking space



Shared learning



Community engagement



Excellent food



Cultural Competency

Moderate-
Cost



Results

Table 3 Summary of *Resident* Responses following the Culinary Medicine Workshop (N=19)

Resident Post-Evaluation Closed-Ended Questions	Yes	Maybe	No	Already
Because of this workshop...				
I think I may enjoy cooking at home more than I did before the workshop	33% (N=6)	11% (N=2)	0%	56% (N=10)
I am more confident in my ability to cook healthy foods	68% (N=13)	5% (N=1)	0%	26% (N=5)
I have the culinary skills needed to prepare foods using the principles of the Mediterranean Diet	74% (N=14)	11% (N=2)	0%	16% (N=3)
I can confidently recommend following the Mediterranean Diet to my patients even if they have limited resources	79% (N=15)	16% (N=3)	0%	5% (N=1)
I feel more confident to address the cultural needs of my patients	79% (N=15)	11% (N=2)	0%	11% (N=2)

Results



I am confident using a chef's knife	63% (N=12)	16% (N=3)	0%	21% (N=4)
I am more comfortable cooking fish	37% (N=7)	0%	11% (N=2)	53% (N=10)
I am going to use olive oil as my main culinary fat	21% (N=4)	11% (N=2)	0%	68% (N=13)
I am more confident that I can zest a lemon	37% (N=7)	5% (N=1)	11% (N=2)	47% (N=9)
I am more confident that I can chop foods properly	47% (N=9)	11% (N=2)	0%	42% (N=8)
I am more confident that I can quarter foods properly	42% (N=8)	5% (N=1)	0%	53% (N=10)
I am more confident that I can cube foods properly	37% (N=7)	5% (N=1)	5% (N=1)	53% (N=10)
I am more confident that I can whisk properly	5% (N=1)	11% (N=2)	0%	84% (N=16)
I am more confident that I can toss foods properly	5% (N=1)	5% (N=1)	0%	89% (N=17)
I am more confident that I can grate foods properly	11% (N=2)	0%	0%	89% (N=17)
I am more confident that I can roast foods properly	16% (N=3)	5% (N=1)	0%	79% (N=15)
I am more confident that I can sauté foods properly	11% (N=2)	0%	0%	89% (N=17)
I am more confident that I can sear foods properly	42% (N=8)	5% (N=1)	0%	53% (N=10)
I am more confident that I can use a food thermometer properly	32% (N=6)	21% (N=4)	5% (N=1)	42% (N=8)
I thought the workshop was worth the effort to get to the location where the program was held	89% (N=17)	0%	11% (N=2)	0%

Conclusions

- >75% of participants indicated that their culinary skills and confidence in recommending a Mediterranean-style diet to their patients may have or did increase.
 - Enjoyed the hands-on approach, interaction with peers, and community
- Improvements needed included
 - More time
 - Wider variety of protein
 - Additional resources related to adoption of MED
- Can we obtain long term funding and support to carve out time to include these learning activities?



Bottom line: Residents indicated this approach was useful and improved confidence in healthy dietary counseling skills. More work is needed to determine the dose required to induce long-term counseling behavior change for learners.

Questions?

