

Practical Nutrition Topics

Appendix A: FACULTY GUIDE

Objectives

By the end of the session, learners will be able to:

1. describe the benefits of performing a nutrition assessment in a medical office visit
2. recognize indications for performing a nutrition assessment in a medical office visit
3. discuss the evidence for lifestyle interventions with a focus on evidence-based dietary interventions
4. access a variety of diet assessment tools
5. provide brief evidence-based counseling tips to guide discussions of diet in clinical practice

Student assignment for facilitated discussion

- Read *Practical Nutrition for the Primary Care Provider* (<https://www.eajnutrition.com/ebook>)
- Read the 2019 American College of Cardiology/American Heart Association (ACC/AHA) Guideline on the Primary Prevention of Cardiovascular Disease (http://www.onlinejacc.org/content/early/2019/03/07/j.jacc.2019.03.010?_ga=2.120952072.1832123598.1561058019-1149699458.1561058019)
- Read the Dietary Approaches to Stop Hypertension (DASH) (<https://www.nejm.org/doi/full/10.1056/NEJM199704173361601>), Diabetes Prevention Program (DPP) (<https://www.nejm.org/doi/full/10.1056/NEJMoa012512>) and PREDIMED (<https://www.nejm.org/doi/full/10.1056/NEJMoa1800389>) studies.

1. Read the e-book to guide your learning on nutrition interventions, the evidence behind them, and techniques for bringing nutrition into the medical office visit (focus on chapters 1 and 2).
2. Review the prevention guidelines from ACC/AHA.
3. Read the DASH, DPP, and PREDIMED articles and be prepared to discuss the interventions, outcomes, and limitations of the studies, as well the relevance to patient care in prevention and treatment of disease.

Background

Trigger Lecture / Diet Quality and Disease Risk

This session addresses the topic of nutrition in medical care. The discussion will begin with a review of diet quality in the United States and how it contributes to chronic disease risk. Utilizing the 5A's framework can assist providers in approaching the topic of dietary choices and lifestyle changes in a way that helps patients and providers to work together as a team.

Optimizing healthcare delivery: Consider discussing these topics throughout presentation

- Nutrition interventions are a part of prevention and management guidelines (AHA, ADA, NLA, ADA) – familiarity with these guidelines is very important
- Ensure height/weight are measured/entered into electronic medical record
- Note BMI and discuss if necessary, especially if significant weight change in past 6 months or since previous visit
- Set measurable, patient-centered lifestyle goals, document in chart for ease of follow-up
- Use motivational interviewing when possible; the why:
<https://www.youtube.com/watch?v=leADjw7BTAs> and the how:
<https://www.youtube.com/watch?v=0z65EppMfHk>.
- Improve inter-professional teamwork through nutrition/lifestyle referrals

Diet Assessment: What are the most important questions to ask?

Powell and Greenburg suggest (Preventive Medicine Reports Volume 14, June 2019, 10081):

1. How often do you eat 5 or more fruits/vegetable servings a day? (Does not include juices/smoothies)

0–1 days a week 3

2–3 days a week 2

4–5 days a week 1

6–7 days a week 0

2. How often do you consume sugary food/drinks? Examples are dessert, candy or sweetened drinks (juice, sweetened coffee, soda)

0–1 days a week 0

2–3 days a week 1

4–5 days a week 2

6–7 days a week 3

Diet Assessment: What do you do about the answers?

- Document (preferably in a searchable or easy to access field of the EMR)
- Ask patient what they are willing to change
- Ask if they are willing to see a Registered Dietitian Nutritionist (be familiar with nutrition resources in your area, as discussed below)
- Set goals and follow up at next visit

When is it appropriate to refer patients to nutrition counseling?

- Discuss lifestyle/weight management plan with patient
- Make staff aware of nutrition/lifestyle resources available in area (find a dietitian tool from AND: www.eatright.org/find-an-expert, find a diabetes educator: www.diabeteseducator.org/living-with-diabetes/find-an-education-program)

- Refer for nutrition counseling if patient has specific condition (diabetes, morbid obesity, CKD) that requires medical nutrition therapy (MNT) provided by a RDN or needs support in lifestyle change. Only certain diagnoses will be covered by insurance, so be sure to advise patient to check with insurance company or have office staff prepared to do so.

SUMMARY

1. The decision to discuss nutrition is consistent with evidence-based medicine and best practices.
2. Use 5 A's to guide discussion.
3. Weight and lifestyle can be difficult topics, but there is a framework and guidance available for starting the discussion.
4. Ultimately, the quality of medical care is enhanced if physicians are willing to discuss lifestyle factors with patients for the prevention and the management of chronic disease.

(continued)

SESSION OUTLINE

Introduction.

Begin with an introduction of faculty experience with nutrition in medical care, roles and responsibilities in practice and in education, and how faculty became interested/trained in nutrition.

Part One. Diet assessment (10 minutes)

- Ask students about fad diets they have heard of (examples):
 - Keto is high fat, low carb, excludes fruit and starchy vegetables; high in saturated fat, no food for microbiome
 - Vegan includes no animal products whatsoever; low in saturated fat
 - Macro is based solely on percentages (carb, fat, protein) and minimally restricts dietary intake
 - Paleo includes nothing that “was not around when the cavemen roamed”, limited evidence
- Ask students if they have been asked about nutrition or ever asked their own physician about nutrition
- Review slides 1-13
- Bring out **key points** in the segments as a facilitator with students doing most of the talking:
 - Patients may ask about fad diets
 - Doctors may feel unsure of giving diet advice and need to have resources to which they can refer patients (discuss resources listed at end of faculty guide)
 - Ensure that any advice given is evidence-based; be sure to discuss the value of including the patient in the decision-making about interventions and goals

Part Two. Break to allow students to assess their own diet (10 minutes)

Slide 14- ask students to assess their own diets. Assure students they will not be asked to report on their own dietary choices or scores on diet assessments. Students will be asked about their experience with diet assessment previously and if they tried one of the screeners.

Would they use this with patients?

Did it provide meaningful information?

Would they recommend the screener to other healthcare providers?

Part Three. Brief diet counseling (10 minutes)

- Ask students to consider how their diet compared to the recommendations or scoring guidance (do not ask for their scores, only their perspective or experience)
- Ask students about their experience with tracking what they ate and drank
- Ask if students would know how to advise patients if they were presented with this diet tracking information
 - Discuss when/how to refer to RDN
- Ask students if they ever look up nutrition information on their own
 - If so, ask where they get their information
 - Ask students to name a reputable site
- Ask for reactions to the content, including barriers they have encountered in changing or maintaining a healthy lifestyle
- Review slides 16-32
- Discuss behavior change frameworks and how they can assist providers in facilitating healthy lifestyle changes within patient care
- Focus on 5 A's

Teaching points:

- *Less than 12% of medical visits include nutrition counseling*
 - *Patients have improved adherence to nutrition counseling visits and nutrition interventions when their physicians discuss nutrition with them first*
 - *Nutrition interventions are important whether or not a patient is on medication*
 - *Lifestyle change can be challenging; including a provider in another discipline, such as a dietitian and/or certified diabetes educator, can help improve patient outcomes*
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Additional Resources

1. Dietary Guidelines for Americans: health.gov/dietaryguidelines
2. Patnode CD, Evans CV, Senger CA, Redmond N, Lin JS. Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults Without Known Cardiovascular Disease Risk Factors: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA*. 2017;318(2):175-93.
3. USPSTF, Grossman DC, Bibbins-Domingo K, Curry SJ, Barry MJ, Davidson KW, et al. Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults Without Cardiovascular Risk Factors: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2017;318(2):167-74.
4. Balk EM, Earley A, Raman G, Avendano EA, Pittas AG, Remington PL. Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among Persons at Increased Risk: A Systematic Review for the Community Preventive Services Task Force. *Ann Intern Med*. 2015;163(6):437-51.

Resources for Patients

1. <https://www.niddk.nih.gov/health-information/diet-nutrition>
2. <https://health.usnews.com/best-diet/best-diets-overall>
3. <https://www.choosemyplate.gov/families>

Diet assessment and brief counseling in medical care

Contact Emily A. Johnston, corresponding author, at eajohnst@gmail.com for a copy of the presentation

To what extent did this workshop achieve the goals and objectives of enhancing your ability to:

	Did not meet	Partially met	Completely met
Recognize indications for performing a nutrition assessment in a medical office visit.			
Discuss evidence for lifestyle interventions with a focus on evidence-based dietary interventions.			
Describe the benefits of performing a nutrition assessment in a medical office visit.			
Analyze a case involving a patient in need of a nutrition intervention and outline the appropriate steps.			

Please indicate the degree to which you plan, in your future practice, to do the following:

	Probably won't do	Will try to do	Will definitely do
Talk to my patients with chronic disease about nutrition.			
Talk to all of my patients about nutrition.			
Incorporate dietary assessments in my visits with all my patients.			
Incorporate dietary assessment in my visits with patients without chronic disease.			

Tell us about your experience with the *Diet Assessment and Brief Counseling for Medical Students* Session.

What worked well and what could be improved (and how)?

FREE TEXT RESPONSE