

Culinary medicine: exploring diet with tomorrow's doctors La médecine culinaire : explorer l'alimentation avec les médecins de demain

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We read the article “Interprofessional culinary education workshops at the University of Saskatchewan” by Lieffers et al.¹ exploring interprofessional culinary education, with great interest. As final year UK-based medical students, having participated in virtual ‘Culinary Medicine’ workshops, the role of nutrition in the curriculum resonates with us.

During our primary care placements, we found that preventative medicine, often involving dietary changes, is vital in healthcare. Despite this, a study by Xie et al.² identified that most medical students lack confidence conducting dietary consultations. Previous calls have also been made for prioritising nutritional education in the UK.³ Hence, whilst students from the article appreciated voluntary workshops, we believe that compulsory integration of such sessions in the curriculum would be more beneficial.

Our faculty introduced two workshops into our primary care module, focusing on ‘disease prevention’ and ‘disease management.’ We found this invaluable as through synchronous case-based discussions, culinary demonstrations and asynchronous materials, students explored a variety of topics including the evidence behind Mediterranean diets, socioeconomic health barriers, malnutrition, and frailty. Role-play scenarios encouraged student collaboration and simulated motivational interviewing techniques to empower active patient self-management. Students also reflected on their placement

experiences through an essay addressing nutritional advice in chronic care.

In conclusion, we recognise the paucity, yet pivotal role, of nutritional education in the developing medical curricula. Incorporating culinary medicine as a compulsory teaching component is key to enhancing confidence in dietary history-taking, building effective patient-centred care plans, and applying evidence-based principles across multiple specialties to improve patient outcomes.

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