

Patient Care X: Nutrition to Optimize Health	
Overall Intent: To apply evidence-based nutrition practices to individualize patient care and optimize health outcomes	
Milestones	Examples
Level 1 <i>Demonstrates knowledge of evidence-based nutritional guidelines</i>	Emergency Medicine: <ul style="list-style-type: none"> ● Orders low-sodium diet for patients with hypertension ● Orders consistent carbohydrate diet for patients with diabetes ● Recognizes need for early enteral nutrition consult in critically ill patients ● Orders modified texture diets (pureed/thickened liquids) when aspiration risk is documented ● Orders thiamine prior to glucose/dextrose administration or carbohydrate intake in patients at risk for Wernicke’s encephalopathy ● Orders fluid restriction when indicated in decompensated heart failure
	Family Medicine: <ul style="list-style-type: none"> ● Defines the differences between simple and complex carbohydrates, proteins, and fats. ● Describes the current recommended guidelines for percent carbohydrates, proteins, and types of fats in a daily diet ● Lists current food guidelines for nutritional health from trusted sources ● Correlates added sugars with how many total teaspoon equivalents are added to a product, identifying how many calories are contained per serving of the product
	Internal Medicine: <ul style="list-style-type: none"> ● In treating a patient with metabolic dysfunction-associated fatty liver disease, can recite appropriate guideline based nutritional recommendations for improved liver health ● Recognizes the dietary needs for a hospitalized patient with uncontrolled diabetes ● References Kidney Disease: Improving Global Outcomes (KDIGO) nutritional guidelines for patients with end-stage renal disease
	Obstetrics and Gynecology: <ul style="list-style-type: none"> ● Describes recommended nutritional standards during pregnancy and breastfeeding
	Pediatrics: <ul style="list-style-type: none"> ● Reports the nutritional recommendations for each patient and is aware of tools available to assess nutritional status ● Reports the nutritional differences of breastfeeding vs. bottle-feeding of infants ● Reports the advantages of a six-year-old child avoiding sugary beverages and soft drinks

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	<ul style="list-style-type: none"> ● Reports the recommendations for an adolescent considering adopting a vegan or vegetarian diet ● Reports the formula options available for an infant with failure to thrive secondary to milk protein intolerance
	<p>Preventive Medicine:</p> <ul style="list-style-type: none"> ● Lists dietary guidelines, articulating evidence-based and non-evidence-based aspects ● Identifies key macro- and micro-nutrient composition for a healthful diet to other health care learners or professionals ● Selects an educational handout for patients summarizing different recommended diets, including composition and health benefits
	<p>Psychiatry:</p> <ul style="list-style-type: none"> ● Obtains a thorough psychiatric and medical history that includes nutritional history which actively screens for disordered eating patterns, malnutrition, and overnutrition
<p>Level 2 <i>Assesses the nutritional status of patients, recognizing when action is needed</i></p>	<p>Emergency Medicine:</p> <ul style="list-style-type: none"> ● Screens for food insecurity using a validated tool and documents the need for further nutritional or social support ● Identifies signs and symptoms of disordered eating patterns and documents need for medical stabilization or psychiatric consultation ● Assesses patients with alcohol use disorder for nutritional deficiency risk and documents need for further evaluation or supplementation ● Assesses dietary adherence or nutritional risk in patients with chronic conditions (e.g., hypertension, congestive heart failure, chronic kidney disease, diabetes) and documents when poor nutrition contributes to disease exacerbation (e.g., high sodium intake in congestive heart failure) ● Assesses older adults for malnutrition risk (e.g., poor dentition, dysphagia, functional decline, social isolation) and recognizes need for further evaluation or safe discharge planning ● Identifies patients at risk for aspiration (e.g., stroke, Parkinson’s, altered mental status) and orders swallow precautions ● Identifies patients at risk for malnutrition using a validated screening tool and documents risk for inpatient team
	<p>Family Medicine:</p> <ul style="list-style-type: none"> ● Takes a nutritional history of food, drinks, and dietary supplements consumed ● Summarizes age-appropriate food and drink guidelines, from infants to seniors

	<ul style="list-style-type: none">● Identifies the gaps in nutrition such as too many simple carbohydrates and not enough complex carbohydrates● Explains nutritional concern that high fructose corn syrup can increase uric acid levels in a patient with medical morbidities● Indicates that some added artificial sweeteners may increase the risk for hepatic steatosis
	<p>Internal Medicine:</p> <ul style="list-style-type: none">● Checks levels of fat-soluble vitamins for a patient with exocrine pancreatic insufficiency and coagulopathy● Obtains a detailed nutritional history for a patient with poorly controlled type 2 diabetes, recognizing that the patient does not have a reliable way to purchase fresh produce
	<p>Obstetrics and Gynecology:</p> <ul style="list-style-type: none">● Orders targeted/recommended testing to assess nutritional status in pregnancy
	<p>Pediatrics:</p> <ul style="list-style-type: none">● Identifies and employs age-appropriate assessment tools and interventions as indicated● When evaluating a four-month-old, reviews current intake of breastmilk/formula with parent, discusses growth parameters and development, and provides anticipatory guidance for introduction of solid food● When evaluating a 12-month-old, screens for iron deficiency anemia and provides supplemental iron as indicated● When evaluating an adolescent, reviews height, weight, and body mass index (BMI) trend along with dietary intake and physical exam and provides recommendations for daily nutritional intake, physical activity level, and supplements as necessary● Recognizes the need to increase caloric density of feeds when evaluating a gastrostomy tube-dependent six-year-old with severe gastroesophageal reflux disease (GERD) who has gone from 50th to 10th percentile on the growth curve
	<p>Preventive Medicine:</p> <ul style="list-style-type: none">● Takes a targeted, thorough food history from a patient, including 24-hour dietary recall and food frequency● Identifies gaps or problem areas in a patient's food diary● Describes the correlation of nutritional gaps or problem areas to existing medical conditions and/or risk for future conditions
	<p>Psychiatry:</p> <ul style="list-style-type: none">● Recognizes nutritional risk and orders appropriate diagnostic testing● Monitors for metabolic syndrome when prescribing second-generation antipsychotic medications● Monitors for weight loss and malnutrition when prescribing stimulant medications

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Level 3 Provides specific nutritional guidance and refers as needed

<p>Emergency Medicine:</p> <ul style="list-style-type: none">● Screens patients for food insecurity using a standardized tool and provides a written list of local food pantries for patients who screen positive● Consults social work for patients with identified food insecurity, with documentation of referral placed prior to discharge● Refers patients with obesity for outpatient appointments with dietitians for nutrition counseling● Consults psychiatry or refers to outpatient counseling for patients with eating disorders● Counsels patients who have poorly controlled hypertension on low-sodium diets and refers to outpatient dietitian for further guidance● Refers pediatric patients with failure to thrive or obesity to pediatric nutrition services
<p>Family Medicine:</p> <ul style="list-style-type: none">● Develops SMART nutritional goals (Specific, Measurable, Attainable, Relevant, Time-Bound) that focus on actionable daily and/or weekly habits● Identifies appropriate nutritional resources for patients such as referrals to registered dietitians and appropriate food selections from different food categories● Provides specific disease state dietary recommendations for a patient with chronic kidney disease● Provides community food pantry's information to a patient with food insecurity● Provides dietary guidance to a patient with culturally specific food preferences● Relates that metformin may decrease the absorption of vitamin B-12
<p>Internal Medicine:</p> <ul style="list-style-type: none">● Counsels a patient with end-stage renal disease on a renal diet● Refers a patient with celiac disease to a dietitian
<p>Obstetrics and Gynecology:</p> <ul style="list-style-type: none">● Recommends iron supplement for a patient with pregnancy-induced anemia
<p>Pediatrics:</p> <ul style="list-style-type: none">● Recognizes breastfeeding difficulties despite prior coaching and refers to lactation consultant, when evaluating a breast-fed infant● Refers to community agencies; Head Start; Supplemental Nutrition Assistance Program (SNAP); and Special Supplemental Nutrition Program for Women, Infants and Children (WIC) when evaluating a three-year-old experiencing food insecurity● Recognizes that low BMI in a 12-year-old patient new to the practice may indicate organic disease or eating disorder and refer appropriately after initial evaluation

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	<ul style="list-style-type: none"> ● Recognize that support with total parenteral nutrition is necessary and consult with dietitian and pharmacy as needed, when evaluating a 10-year-old post-operative patient with intestinal failure
	<p>Preventive Medicine:</p> <ul style="list-style-type: none"> ● Provides culturally specific, tailored nutrition prescription for a patient with barriers to fresh food access ● Identifies when expert nutritional therapy is needed, and identifies a qualified registered dietitian or other appropriate resource ● Identifies food bank and resources in the community and provides referral/prescription for fresh foods
	<p>Psychiatry:</p> <ul style="list-style-type: none"> ● Makes social service referrals if needed for cases of food insecurity ● Interprets testing results and takes action as needed
<p>Level 4 <i>Collaborates with the multidisciplinary team to provide comprehensive nutritional support to the patient in achieving their health goals</i></p>	<p>Emergency Medicine:</p> <ul style="list-style-type: none"> ● Collaborates with primary care physician, social work, and patient care coordinators to schedule outpatient weight-management follow-up prior to discharge ● Coordinates with emergency department pharmacist, registered dietitian, and case management to ensure insulin plan and outpatient nutrition counseling follow-up within 30 days for patients with poorly controlled diabetes ● Works with cardiology and registered dietitian to provide individualized appropriate sodium and fluid restrictions for patients with congestive heart failure exacerbation ● Coordinates outpatient care with nephrology and registered dietitians to provide renal diet guidance for chronic kidney disease patients with hyperkalemia ● Engages social work and community resources to secure food assistance for chronically ill patients who screen positive for food insecurity ● Collaborates with psychiatry and nutrition services to establish a documented multidisciplinary follow-up plan for patients with suspected eating disorders ● Works to coordinate follow-up care with geriatrics, speech therapy, and case management to create a nutrition-focused disposition plan for elderly patients with suspected malnutrition ● Coordinates primary care physician, behavioral health, and nutrition referrals with documented SMART weight goals for patients requesting weight-loss support
	<p>Family Medicine:</p> <ul style="list-style-type: none"> ● Collaborates with other health professionals (health coaches, registered dietitians, nurse educators, behavioral health specialists, etc.) to develop optimized dietary plans for their patients ● Participates via telehealth to offer nutritional support for other health professionals during a patient visit

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	<ul style="list-style-type: none"> ● Implements and monitors a comprehensive nutritional plan for their patients <p>Internal Medicine:</p> <ul style="list-style-type: none"> ● Coordinates care among endocrinologist, dietitian, and surgeon to initiate a weight-loss regimen for a patient with morbid obesity and type 2 diabetes in preparation for bariatric surgery ● Coordinates with dietitian, pharmacy, and surgery to provide total parenteral nutrition during peri-operative care for an admitted patient with small bowel obstruction <p>Obstetrics and Gynecology:</p> <ul style="list-style-type: none"> ● Engages dietitians in the management of unique nutritional needs for a patient with low weight gain during pregnancy <p>Pediatrics:</p> <ul style="list-style-type: none"> ● Teaches others to evaluate nutritional status on all patients ● Explains to a PGY-1 resident the importance of assessing nutritional status (including plotting and interpreting trends in age-appropriate growth parameters) during each inpatient admission regardless of diagnosis or age ● Consults with pulmonology, gastroenterology, and nutritionist to optimize nutritional status, when evaluating an infant with growth failure secondary to cystic fibrosis ● Collaborates with child psychiatrists, therapists, nutritionists, and behavioral health aids in a team-based effort for nutritional rehabilitation, when caring for an adolescent with an eating disorder <p>Preventive Medicine:</p> <ul style="list-style-type: none"> ● Participates in shared intensive/therapeutic lifestyle change program appointment to address nutritional needs in a patient with high blood pressure ● Coordinates with members of the dietary or nutritional team about medical concerns and goals for a patient on a low-refined-carb and low-trans-fat diet <p>Psychiatry:</p> <ul style="list-style-type: none"> ● Coordinates and collaborates with primary care physician, nutrition therapy, psychotherapy, and social work as needed
<p>Level 5 Leads initiatives to improve nutrition at the system and/or population level</p>	<p>Emergency Medicine:</p> <ul style="list-style-type: none"> ● Leads hospital-wide community outreach (e.g., food drives, health fairs, farmers markets), achieving an increase in resource utilization or attendance year over year ● Develops and delivers community education on healthy, cost-effective cooking with improved nutrition knowledge ● Implements an emergency department food insecurity screening protocol that increases documented screening rates of eligible patients ● Leads creation of an emergency department-embedded referral pathway to community nutrition resources, improving successful connection rates

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	<ul style="list-style-type: none"> ● Develops a multidisciplinary emergency department guideline for nutrition counseling in diabetes/congestive heart failure/chronic kidney disease with provider adoption within 12 months ● Partners with public health or community organizations to launch medically tailored meal access for high-risk patients, enrolling at least 10 patients in the first year ● Establishes a resident or staff education program on emergency department nutrition interventions with at least 70 percent completion and improved pre/post knowledge scores ● Uses emergency department data to identify nutrition-related revisit patterns and implements a quality initiative that reduces 30-day nutrition-related revisits by at least 10 percent
	<p>Family Medicine:</p> <ul style="list-style-type: none"> ● Engages in system-wide efforts to advocate for resources for patients and/or communities with food insecurity ● Engages with local community efforts for resources for food kitchens and food outreach services ● Advocates by meeting with community, local, state, or national leaders for affordable and healthier food options
	<p>Internal Medicine:</p> <ul style="list-style-type: none"> ● Co-creates a standardized dietary intervention protocol for hospitalized patients with poorly controlled diabetes ● Develops a program to provide community meal assistance for elderly patients with food insecurity
	<p>Obstetrics and Gynecology:</p> <ul style="list-style-type: none"> ● Develops programmatic interventions to impact the nutritional health of their free clinic population ● Develops a multidisciplinary clinic to support nutritional health in their local low-income population
	<p>Pediatrics:</p> <ul style="list-style-type: none"> ● Develops or advocates for a screening tool for use in the emergency department to identify food insecurity ● Develops or advocates for nutritional pamphlets in different languages to educate new parents upon discharge from the newborn nursery and inpatient unit ● Undertakes a quality improvement project in continuity clinic to uncover the incidence of iron deficiency anemia and facilitates parent support group to discuss culturally appropriate recipes including iron rich foods
	<p>Preventive Medicine:</p> <ul style="list-style-type: none"> ● Creates a policy brief that incentivizes food prescriptions for SNAP benefits

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	<ul style="list-style-type: none"> ● Develops a health program that includes nutrition that is used by a community or health system ● Conducts a local health needs assessment that includes a thorough analysis of food deserts and food swamps ● Creates detailed workflows to establish resources for patients in a health system to receive nutritional support
Assessment Models or Tools	<p>Psychiatry:</p> <ul style="list-style-type: none"> ● Serves as subject matter expert on nutritional needs for certain mental health populations (e.g., eating disorders, developmental disabilities, elderly, pica) ● Develops a quality improvement project to address the nutrition of patients with schizophrenia at the community mental health center training site <p>Pediatrics:</p> <ul style="list-style-type: none"> ● Clinical evaluations ● Direct observation ● Chart audits ● Multisource feedback ● In-training examination <p>Preventive Medicine:</p> <ul style="list-style-type: none"> ● Direct observation ● Presentation given ● Rotation evaluation ● Evaluation of dietary guidelines ● Policy written ● 360 evaluation <p>Psychiatry:</p> <ul style="list-style-type: none"> ● Case-based discussion ● Direct observation ● Chart audit
Curriculum Mapping	<p><i>This section is intentionally left blank so that programs can add information specific to their program and how they'll assess their learners.</i></p>
Notes or Resources	<p>Emergency Medicine: <i>Notes and resources for this specialty may be added later.</i></p> <p>Family Medicine:</p> <ul style="list-style-type: none"> ● US Department of Agriculture (USDA)/Department of Health and Human Services (HHS) Dietary Guidelines for Americans 2025-2030. www.dietaryguidelines.gov ● Food and Drug Administration (FDA) Nutrition Facts Label Education Resources. https://www.fda.gov/food/nutrition-food-labeling-and-critical-foods/nutrition-education-resources-materials

- Eisenberg, D.R. et al. 2024. “Proposed Nutrition Competencies for Medical Students and Physician Trainees: A Consensus Statement” *JAMA Network Open* 7;(9):e2435425. jamanetwork.com/journals/jamanetworkopen/fullarticle/2824217.
- National Lipid Association: “5-Minute Nutrition Counseling Guide.” https://www.lipid.org/sites/default/files/5_minute_nutrition_counsel_tool.pdf
- NatMed Pro Natural Medicines Database. www.naturalmedicines.therapeuticresearch.com
- George Washington University School of Medicine. “How to Incorporate Culturally Competent Practices in Your Nutrition Counseling.” <https://www.nutritioncme.org/group/737>
- Resnicow, K. et al. 2015. “Motivational Interviewing and Dietary Counseling for Obesity in Pediatric Primary Care.” *Pediatrics* Apr;135(4):649–57. doi: 10.1542/peds.2014-1880. PMID: 25825539; PMCID: PMC4379459.
- American College of Lifestyle Medicine (ACLM) — Lifestyle Medicine Residency Curriculum (LMRC). <https://lifestylemedicine.org/academic-integration/residency-curriculum/>
- ACGME Summit on Medical Education in Nutrition. 2023. [Nutrition and Health: Developing a GME Framework](#).
- Hunger Vital Sign™ Screening Tool https://childrenshealthwatch.org/wp-content/uploads/CHW_HVS_whitepaper_FINAL.pdf
- SIREN Food Insecurity Screening/Referral Toolkit. UCSF. <https://sirenetwork.ucsf.edu/tools-resources/resources/food-insecurity-screeningreferral-toolkit-guide-screening-individuals-and>
- Feeding America — “Food as Medicine” Initiative and Provider Resources. www.feedingamerica.com/our-work/nutrition-health
- Aspry, K.E. et al. 2018. “Medical Nutrition Education, Training, and Competencies to Advance Guideline-Based Diet Counseling by Physicians: A Science Advisory From the American Heart Association.” *Circulation*. Jun 5;137(23):e821–e841. doi: 10.1161/CIR.0000000000000563.
- Interprofessional Education Collaborative. 2023. *IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3*. Washington, DC: Interprofessional Education Collaborative.

Internal Medicine:

- American College of Physicians. “Endocrinology, Metabolism, & Nutrition”: <https://www.acponline.org/online-learning-center/endocrinology-metabolism-nutrition>
- Physicians Committee for Responsible Medicine. “Nutrition Guide for Clinicians”: <https://nutritionguide.pcrm.org/nutritionguide>

	<p>Obstetrics and Gynecology: <i>Notes and resources for this specialty may be added later.</i></p> <p>Pediatrics</p> <ul style="list-style-type: none"> ● American Board of Pediatrics. “Entrustable Professional Activities for General Pediatrics”: https://www.abp.org/entrustable-professional-activities-epas. Last updated 2026. ● Holt, Katrina. 2011. <i>Bright Futures Nutrition Pocket Guide, Third Edition</i>. American Academy of Pediatrics. https://www.aap.org/Bright-Futures-Nutrition-3rd-Edition-Pocket-Guide-Paperback. ● American Academy of Pediatrics Committee on Nutrition, et al. 2025. <i>Pediatric Nutrition, Ninth Edition</i>. https://www.aap.org/Pediatric-Nutrition-9th-Edition-Paperback. <p>Preventive Medicine</p> <ul style="list-style-type: none"> ● Lifestyle Medicine Residency Curriculum. https://lifestylemedicine.org/academic-integration/residency-curriculum/ ● American College of Lifestyle Medicine (ACLM). <i>Food is Medicine Jumpstart</i>. https://www.fammed.wisc.edu/files/webfm-uploads/documents/patient-care/food-is-medicine/ACLM-Food-As-Medicine-Jumpstart.pdf. ● Loma Linda University Therapeutic Hospital Menu Guide for hospitals – pending publication information ● ACLM website: https://lifestylemedicine.org/ ● Full Plate Living ● Culinary Medicine curricula ● Teaching Kitchen Collaborative ● State Extension Services. https://extension.org/. <p>Psychiatry</p> <ul style="list-style-type: none"> ● Adan, Roger A.H., Eline M. van der Beek, Jan K. Buitelaar, John F. Cryan, Johannes Hebebrand, Suzanne Higgs, Harriet Schellekens, and Suzanne L. Dickson. 2019. “Nutritional Psychiatry: Towards Improving Mental Health by What You Eat.” <i>European Neuropsychopharmacology</i> (29)12: 1321-1332. https://doi.org/10.1016/j.euroneuro.2019.10.011. ● Kolasa, Kathryn. 2006. “Physician’s Curriculum in Clinical Nutrition: Primary Care.” <i>MedEdPORTAL Publications</i>. https://doi.org/10.15766/mep_2374-8265.159.
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