

Thi Pham (2019) Places 2nd in APMWA Writing Contest



Thi Pham's (Class of 2019) entry, "Cut the Bread, Not the Bone: Emphasis on Nutrition Education for Both Patient and Provider," placed second in the American Podiatric Medical Writers Association's 33rd Annual Student Writing Competition.

Her paper is about the importance of educating both patients and providers. Educating patients, especially those with diabetes, about the foods they eat and how those foods impact their health and everyday life -- while maintaining sensitivity to cultural preferences -- is as valuable a prevention tool as prescribing medications.

She writes that healthcare providers may lack the information they need to fully inform patients, however. Based on current statistics, more emphasis should be placed on nutrition education in the medical curriculum. Ms. Pham cites an article released by the American Medical Association that revealed that medical students averaged only about 19.6 hours of nutrition education, roughly less than 1% of the entire four-year medical school curriculum (American Medical Association, 2015).

Ms. Pham concludes that virtually every aspect of healthcare, whether it be nursing, pharmacy, podiatry, even physical therapy, often includes nutritional management in the course of a patient's treatment plan; thus, every healthcare provider's educational curriculum would benefit from a nutrition education segment.

She will receive a \$750 honorarium. Read her essay below.

Cut the Bread, Not the Bone: Emphasis on Nutrition Education for Both Patient and Provider by Thi Pham

With diabetes currently being a major American public health concern, living to eat may not be as glamorous as before. Now, eating to live is the medical mantra preached by many dietitians and nutritionists to their diabetic patients. According to the American Diabetes Association's 2019 nutritional guidelines, diabetics should derive the majority of their carbohydrates from vegetables, whole grains, fruits, legumes and dairy products (American Diabetes Association, 2019). Complex carbohydrates, especially those that originate from processed breads, white rice, and pastries, should be minimally consumed and substituted for simpler starches, such as quinoa and multigrain bread. However, issues undoubtedly arise when cultural norms come into play. Try telling a patient that he or she needs to eliminate rice and beans from his or her daily regimen and you will most certainly be met with resistance and complaints of dietary sacrilege.

Educating patients on the foods they eat and how those foods impact their health and everyday life is as valuable of a prevention tool as prescribing medications. Healthcare professionals in all aspects of the field should inform their patients that change does not have to be unbearable and can start with small, simple steps, such as eating the same foods they love but decreasing the portion size. Also, providers can emphasize the importance of coupling exercise or increased physical activity with healthier food choices. When

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these efforts are combined, they can be almost if not, more effective in combating the onset of diabetes than any medication currently on the market.

What about situations where the healthcare provider is limited in his or her knowledge of nutrition but the patient is genuinely willing to actively make lifestyle changes? Or when proper diagnosis of an at-risk patient for the development of diabetes is missed by the healthcare professional due to lack of nutrition education in the curriculum? An article released by the American Medical Association revealed that medical students only averaged around 19.6 hours of nutrition education, which is roughly less than 1% of the entire four-year medical school curriculum (American Medical Association, 2015). Several surveys done of various physicians, fellows, and residents also showed that only about 50-60% of them felt comfortable with offering nutrition counseling (Adams, 2010). The problem does not seem to be that these individuals are uninterested in knowing how to dispense proper nutrition advice; rather, they are not offered the proper resources during their education and training to equip them with the appropriate arsenal to address this growing issue in the American health landscape.

Based on current statistics, more emphasis should be placed on nutrition education in the medical curriculum. Virtually every aspect of healthcare, whether it be nursing, pharmacy, podiatry, even physical therapy, often times includes nutritional management in the course of the patient's treatment plan; thus, every healthcare provider's educational curriculum can undoubtedly benefit from a nutrition education segment. The course should be at the very minimum, a condensed module spanning a few months or should be integrated into a practice management course or medicine course. Students during their clinical training portion should be encouraged to incorporate nutrition education to the patients they encounter, along with encouraged to make graphics and visuals for their patients to better illustrate how their patients can tackle their nutrition goals.

Nutrition as a primary treatment plan for alleviating the American diabetes epidemic is economically effective as well. According to a recent study funded by the National Dairy Council, nutrition therapy and having patients adhere to a strict dietary regimen by 20% could save more than \$20 billion in direct and indirect healthcare costs (Scrafford, 2018). Previous studies also showed that supplemental meal programs, such as government funded SNAP or individually funded Meals on Wheels are affording those who are of a more disadvantaged socioeconomic group access to fresh food at a reasonable cost. These programs are saving the country billions in healthcare costs and should be brought to the patient's attention during a visit, especially if the patient's social history indicates he or she may live in a potential 'food desert' with limited healthy options.

Podiatrists are currently at the forefront of helping to tackle the major diabetes problem plaguing the nation. If we can cohesively decide as a profession to make amendments to the podiatric curriculum to include more nutrition courses and lectures, the future of our profession can only look more promising

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**Cut the Bread, Not the Bone:
Emphasis on Nutrition Education for Both Patient and Provider (cont'd)**

both for us as knowledgeable providers and for our patients who depend on us for the management of their diabetes. Podiatric residents are sometimes heavily taught to resort to amputation if all else fails but did they ever stop to think about how many times along the way they could have intervened with other means to possibly prevent amputation entirely? Maybe now is the time in podiatric medicine we should consider discussing with patients that cutting back on bread in the present could keep them from cutting back on feet and limbs in the future.

References

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