

Nutrition Principles and Assessment: PBL

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Dr. Locke is a graduate of the University of Michigan Medical School in Ann Arbor, where she also completed a residency in family medicine and then served as faculty until 2015. Dr. Locke joined the University of Utah in Salt Lake City in 2015. Her experiences are focused on holistic medicine, preventive medicine, and nutrition, with a goal of bringing the best of conventional and alternative medicine together to prevent and treat illness. She sees patients at the Madsen Family Medicine Clinic in Salt Lake City. Her clinical interests include nutrition, preventive medicine, and the health care of adolescents, families, and individuals of all ages. She strives to increase education around integrative medicine and wellness topics with a goal of increased access to integrative medicine and wellness services within health systems and conventional medicine.



Learning Objectives

1. Practice applying new knowledge and competencies gained from nutrition principles and assessment sessions, and receive feedback from expert faculty.
2. Interact collaboratively with peers to solve complex and challenging case-study scenarios.
3. Develop problem-solving skills that promote effective reasoning to manage nutrition principles and assessment within the context of professional practice.



Audience Engagement System

The image shows three sequential screenshots of a mobile application interface. Step 1 shows a home screen with a navigation bar at the top and a grid of icons for various features. Step 2 shows a list of courses with details such as title, duration, and status. Step 3 shows a detailed view of a specific course, including a description and a list of topics.



Recommended Practice Changes

1. Adequately assess patients' current dietary habits
2. Assess patient specific barriers to optimal nutrition
3. Use motivational interviewing to move patients towards healthier options
 - Use SMART goals

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Case 1: Chief Complaint

- Wants to loose weight

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History of Present Illness

- 45 yo woman with with a recent diagnosis of pre-diabetes presents with BMI of 30 and a desire to loose weight. She is here today to discuss. She has tried dieting in the past and after initial weight loss, she regains more.

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Past Medical History

- Seasonal allergies

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Medications, Allergies

- Flonase
- Vitamin D
- Allergy to penicillin

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Immunizations

- UTD

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Family History

- Father: HTN
- Mother: breast cancer at 70
- Sister: depression

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Social History

- Lives with her husband and three kids ages 7, 10 and 15.
- Minimal alcohol
- No tobacco or other drugs
- College degree, works as a middle school teacher

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Review of Systems

- Some fatigue, tired when wakes up
- Occasional headaches
- Congested in Spring

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Physical Examination

- Obese woman in no apparent distress
- Exam is otherwise unremarkable
- BP 125/79
- BMI 32

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Laboratory/Radiology

- A1C 5.8
- Lipids: Total Cholesterol 195, TG 160, HDL 45, LDL 98

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Lifestyle History

- Nutrition: eats some fruits and veggies; cooks at home 3 nights a week
- Physical Activity: on feet at work; plays with kids on weekends; walks dog
- Sleep: 6 hrs per night
- Stress: work balance; child care
- Social Connection: well connected with family and friends

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Assessment

- Obese woman with pre-diabetes interested in weight loss. Some fatigue and headaches. Diet quality is unclear. Minimal physical activity and insufficient sleep. Significant stressors. Good social support.

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Plan

- What would you like to do?
- Who do you want on your team?

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What is the patient eating?

ASSESSING DIETARY HABITS

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Assessing Dietary Habits

- Free form discussion
- 24 hour recall
- 24-72 hr diet diary
- Specific questions:
 - Frequency cooking, eating out, assess barriers

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Food Recall Exercise

- In the next 7 minutes:
 - pair up
 - take a 24 hour food recall with your partner
 - Don't forget snacks and beverages
 - switch

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Debrief

- Issues that came up?
- How do you interpret the results?
- What do you do next?

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What are the roadblocks?

ASSESSING BARRIERS

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Barriers: Individual

- Food knowledge
- Cooking skill
- Food prep interest
- Taste preference
- Family expectations
- Recognition of satiety
- Mindless eating
- Ability to read food labels
- Financial/food availability
- Time management
 - Hours worked
 - Child care
 - Other activities (i.e. TV)
- Emotional Eating

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Barriers: Societal

- Industry/lobby
 - Advertising
 - Subsidies
- Normalcy
 - Bad food everywhere
 - Obesity commonplace
- Food availability
 - Food deserts



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Assessing Barriers Role Play

- In pairs, one person is the patient and the other the physician
- Stay in your role as you discuss roadblocks

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Debrief Role Play Exercise

- Share what worked and what didn't work
- As the patient, how did you feel?
- As the physician, what could you have done differently?

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How do we do something different?

MOTIVATING CHANGE

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Solutions

- Meet patients where they are
- What are their goals?
- What motivates them?
- Simple messages
- Focus on positives
 - (what to do more of)



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SMART Goals

- Specific
- Measurable
- Achievable
- Realistic
- Time-bound



Make a list of meals for the week with a shopping list each Sunday so that I have food in the house to make dinner each night without going to the store

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Motivating Change Exercise

- In pairs, one person is the patient and the other the physician (switch from last exercise)
- Stay in your role as you discuss setting a SMART goal

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Debrief Role Play Exercise

- Share what worked and what didn't work
- As the patient, how did you feel?
- As the physician, what could you have done differently?

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Contact Information

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Associated Session

- Nutrition Principles and Assessment:
Turning Nutrition Guidelines into Patient Advise

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Interested in More CME on this topic?
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