

From Kitchen to Clinic: Culinary and Lifestyle Medicine for Resident Physicians

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Purpose

- ❖ To **equip residents** at Brown University Health (BUH) with practical tools and skills to **effectively communicate, teach, and empower patients** to implement lifestyle modifications for disease prevention and management

Background

- **What is lifestyle medicine?**
 - A medical approach that uses **evidence-based behavioral interventions** to prevent, treat, and manage chronic disease [ACPM]
- **Why is it important to clinical practice?**
 - **67% of global deaths** are caused by non-communicable chronic diseases
 - Leading risk factor = unhealthy lifestyles¹⁻²
 - **Poor diet is significantly greater risk factor** than tobacco, alcohol, drugs, and dementia in the US³
- **How is this knowledge disseminated to physicians?**
 - **Limited nutrition education** in medical school and residency across all specialties⁴
 - Surveyed **physicians feel inadequately prepared** to integrate nutrition sciences into clinical practice³⁻⁵



Figure 1: Flyer used to recruit initial participants

Program Objectives:

1. **Improve** residents' understanding of food as medicine and its role in preventing the leading chronic illness in the U.S.
2. **Provide** targeted lectures on food as medicine and incorporate **hands-on culinary sessions** to increase resident comfort with cooking healthy plant forward meals.
3. **Develop nutrition counseling guides** for residents to facilitate discussions with patients about lifestyle modifications.
4. **Evaluate** the effectiveness of the above interventions for residents in clinic using **pre- and post-study surveys** to inform a formalized curriculum.

About the Program

- **Who:** 8 Internal Medicine Residents, recruited by email/flyer advertisements (Figure 1)
- **When:** July-August 2024
- **Program design:** 6 weekly 90-minute live video sessions via Zoom (also recorded)
 - Led by Sandra Musial, MD, DipABLM
 - Structure: didactic lectures + synchronous hands-on learning with healthy meal preparation
 - Each session targeted a different organ cycle or disease process such as cardiovascular, endocrine, gastrointestinal, or inflammation.
 - Plant based recipes included black bean soup, mushroom stroganoff, and berry pie
 - Recipes provided one-week in advance

Results

Initial feedback suggests increased resident confidence in discussing nutrition and an improved ability to provide food-based interventions during patient visits.

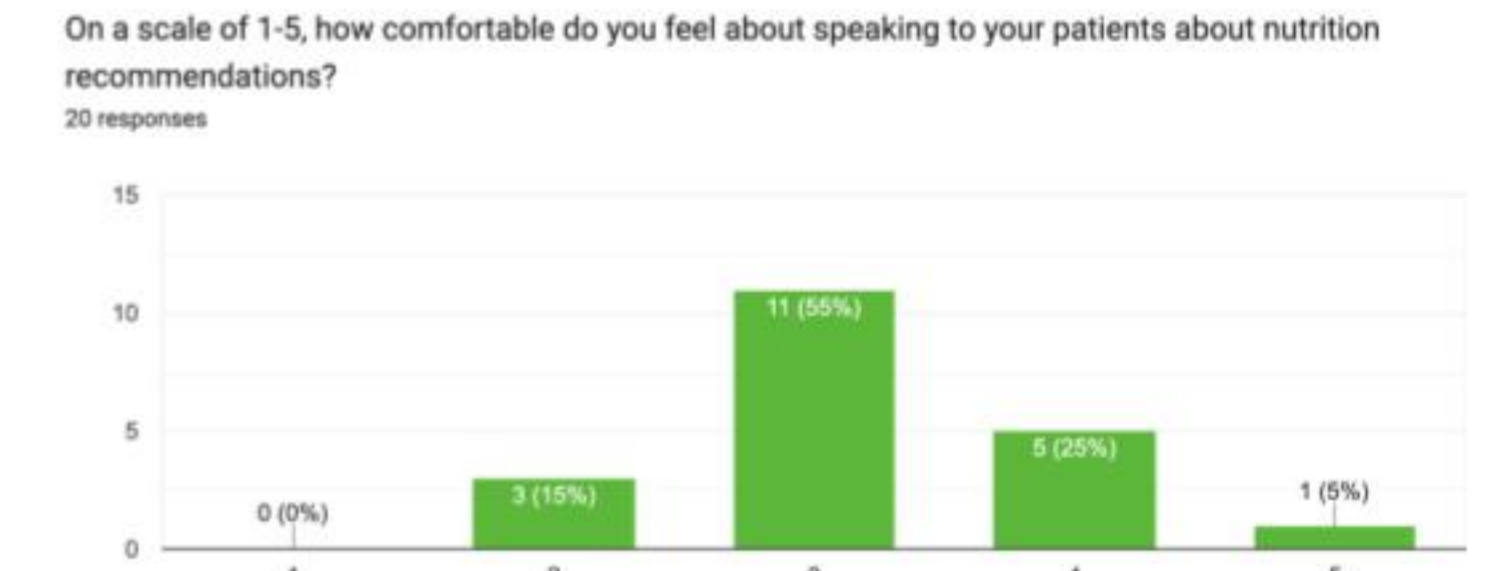


Figure 2: Anonymous needs assessment survey

Conclusion & Future Directions

- Received grant funding to expand the pilot program to help subsidize the cost of groceries and test kitchen for participants.
- Expanded cohort to start culinary medicine classes August 2025
- Evaluation methods will be guided by the Kirkpatrick Model, measuring resident reaction, learning, application, and clinical impact.
- Planned assessments include pre- and post-program surveys, skill application exercises such as engaging in nutrition counseling with patients, writing food prescriptions, integration of SmartPhrase nutrition templates in the EMR.
- This initiative represents a replicable and scalable model for integrating culinary medicine into residency education

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