Mapping Nutrition Across the Medical Curriculum

An AAMC-aligned approach to making nutrition visible, integrated, assessed, and sustainable

Schools may begin at different entry points; there is no single implementation sequence.

1. Define your implementation goal

- Clarify the specific objective for mapping, such as curriculum redesign, accreditation, or quality improvement
- Ask: where is nutrition already taught, missing, or in need of strengthening?

Example: support accreditation standards, address competency gaps, or improve quality of nutrition education

2. Build the team and secure sponsorship

- Involve a dean, associate dean, or curriculum committee; identify an executive sponsor
- Include a nutrition champion, faculty, students, and key stakeholders
- Establish leadership support and resources

Example: formalize leadership support and define roles to move the work forward

3. Map where students actually learn nutrition

- Identify nutrition often embedded in clerkships, clinical teaching, cases, and other less visible parts
- Map more than hours: sessions, objectives, assessments, organ systems, and clerkships

4. Identify gaps, redundancies, and hidden curriculum

- Keyword search alone is not enough
- Review sessions for where nutrition is not labeled
- Use external frameworks as leverage

5. Embed nutrition into authentic clinical learning

- Integrate nutrition within real patient care and clinical contexts
- Prefer practical entry points over creating a stand-alone course first

Example: integrate nutrition across doctoring, organ systems, clerkships, electives, and endocrine teaching

6. Evaluate, sustain, and continuously improve.

- Make nutrition visible through required logs, assessments, OSCE/SPs, and clinical documentation
- Support maintenance with ownership, faculty development, and succession planning

What these experiences teach us

1. Implementation pathways are more transferable than any individual curriculum.
2. Visible leadership and a clear governance home are essential.
3. Physician–RD/RDN partnership strengthens design and implementation.
4. Students are valuable implementation partners.
5. Assessment remains a major unmet need.

Practical pearls

- Teach biochemistry through clinical anchor cases — e.g., refeeding syndrome: starvation, Krebs cycle application, hormones, and electrolyte shifts
- Make the role of dietitians explicit and teach when to refer
- First-year experiential exposure → builds interest in nutrition care and well-being
- Clerkships offer efficient entry points by linking nutrition directly to patient care.
- Make nutrition "essential" so students must log the experience
- National exams affect school scores, reputation, and accreditation

Bottom line: Do not start by adding a stand-alone nutrition course. Start by mapping what already exists — then make nutrition visible, clinical, interprofessional, required, assessed, and sustainable.

Adapted from the AAMC Guide and nutrition champions' experience