June 6th, 2017

Anita Ramsetty, MD

Maralynne D. Mitcham IP Fellowship report

A year spent "in defense of food" for patients, student learning and professional development

Overview

Focus on expansion of education regarding nutrition basics and Food insecurity at MUSC Expanding personal IP experiences and training

Course developmentPersonal professional training

 Conference attendance
Increasing familiarity with IPEC Core competencies
Engaging in MUSC IP activities

Nutrition and Food Insecurity

Goal

IP 700 Fall course Caring for the Community Focus on Food

Results

- Successfully implemented fall of 2016
- Small class of 9 students, Pharmacy and MPH
- Rated highly by the student participants in regard to increasing their level of confidence in providing nutrition counselling and understanding of food insecurity
- Poster presented at STFM Student Education faculty conference February 2017
- Paper in progress co-authored with Dr Cristin Adams, based on structure of the course
- IP700 was the MUSC nominee for the SC CHE Service Learning Award competition for 2017
- Macy grant submitted but not funded



Competence in Basic Nutrition Counselling by Interprofessional

Students Engaged in a Novel Elective Course

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BACKGROUND

Healthcare providers report low self confidence in their ability to provide nutrition counselling to their patients(1). Recently a new focus by national agencies has stressed the importance of interprofessional approaches to providing nutrition education to trainees(2) given the varied roles of professionals. This study will assess student confidence in their ability to offer basic nutrition guidance to an

METHODS

Study Design: Cohort Study: This study is comprised of two cohorts each, both consisting of MUSC graduate students. Cohort A was enrolled in the proposed course while Cohort B had no affiliation with the course nor had access to its educational content. Participants: This study consisted of participants currently enrolled at the Medical University of South Carolina (MUSC). Cohort A: participants who have self-elected to be enrolled in the course. Cohort B: These students not enrolled in the study course but are graduate students at MUSC. Interventions: A baseline questionnaire was administered to enrolled students in the course. The student responses were measured using a 5-point Linkert Scale.

Course activities for Cohort A: in-class lectures from Low County Food Bank (LCFB) Dietetic services; didactics reviewing screening tools WAVE, REAP and 2-item Food insecurity screens; assigned class readings including review of MyPlate guidelines and Mediterranean diet principles; participation in fresh food distribution events where the Student Run Free Clinic paired with the community organization for health-related screening; inclass reflection at the end of semester.

Course activities for Cohort B: usual enrollment in their respective curricular activities outside of this pilot course. All students were however invited to participate in community events.

End Evaluation (Cohort A): Students repeated the initial survey, described above. They also completed an overall course feedback form.



Figure 1. There is a drastic increase in those who "strongly agree" they have ascertained a sufficient nutritional background in the after completing the

I am confident in my ability to counsel a...



Figure 2. A higher overall percentage of participants feel they can adequately administer nutritional counseling, in achieving weight loss goals, after the



ō



Besides

recommending...

Pre-...

Post-...



Figure 4. After taking the course more students now believe their current academic curriculum to be lacking sufficient nutritional education.

REFERENCES

 Levine BS, Wigren MM, Chapman DS, Kerner JF, Bergman RL, Rivlin RS. A national survey of attitudes and practices of primarycare physicians relating to nutrition: strategies for enhancing the use of clinical nutrition in medical practice. Am J Clin Nutr 1993;57:115-119

2) Challenges and opportunities for nutrition education and training in the health care professions: intraprofessional and interprofessional call to action 2014 Rose Ann DIMaria-Ghallin, Jay M Miriallo, Brian W Tobin, Lisa Hark, Linda Van Horn, and Carole A Palmer. Am J Clin Nutr. Nav. 99(5): 11845–11935.

CONCLUSIONS

- After the implantation of the nutritional course, the majority of students in the cohort A (post-course) feel more confident to to deliver adequate nutritional counseling.
- The participants in cohort A (post-course), overall, feel better prepared to deliver nutritional counseling, even in the case of complex disease states (i.e. diabetes)
- Overall the vast majority of students in across various healthcare professions feel as though they are

SUMMARY

 This preliminary data provides a reason to believe a gap continues to exist in healthcare education

Future Progress and Expectations

Road Blocks

- Sample size: In order for the study population to be indicative of the general population the study's sample size will have to increase. This will require additional promotion and recruitment for the course as well as possibly allowing for distance education component.
- Stratifying Across Various Healthcare Fields: Each profession receives varying degrees of education, a measure of comparable competency will need to be established for each profession in order to account for these discrepancies.
- Diversifying the participant population: The majority of subjects were students from the College of Pharmacy. In order to apply the findings to healthcare education as a whole, students from varying colleges must participate in comparable quantifies.

Expectations

 Participation in a nutritional elective will show a significantly higher confidence and competency in nutritional counselling when compared to the control group.

Opportunities

- Increased implementation of this course across all colleges at MUSC
- Expansion of curriculum to include more involvement in MUSC is free clinic. The CAPES Clinic
- Individualizing of the course to meet specific needs of
- each healthcare profession.

RESULTS

Nutrition and Food Insecurity

Goal

 Certification in Culinary Medicine
Over 50% completed
Exam pending
December 2017 end date!

Results

ccms-2016

CCMS

's Devastating Facel 🗙 🔨 💂 Overview - Thomas Jeffel 🗙 🖉 🚺 Eligibility Requirements f 🗙 🔧

CERTIFIED CULINARY MEDICINE SPECIALIST[™]



Eligibility Requirements for CCMS Exam

Total Credits: 22.75/60.00

38% Complete

Hands-on Teaching Kitchen Modules: 4/4

00% Complete

Required Readings: 1/2

50% Complete

IP professional training and development

Goal

Attendance at a major IP conference/training event within the year

Results

Attendance at Jefferson Center IPE conference October 28-29, 2016(took the place of the IPEC Fall Institute)

On campus participation in IP activities Facilitator for spring 2017 IP 710 course

In progress: development of IP course based on CARES board member activities through year of service

Some short falls

Goal

 Completion of UW Faculty tool kit (website Center for Health Sciences and Interprofessional Education, Research and Practice)

Regular contact with peer(Dr W. Sterrett and Debra Petitpain) and senior(Dr M. Mauldin and Dr N. Gesundheit) mentors

Results

In progress

Moderately successful

- Debra Petitpain participated in fall course
 - Contact with Dr Sterrett during the year
- Some contact with Dr Mauldin. Minimal with Dr Gesundheit(but that will be rectified!)

Overall...

It has been a fulfilling experience on many levels

- I am honored to have received this Fellowship, and more so after learning more about Dr Mitcham
- My hope is that what develops through this year's Fellowship activities will have a major impact on students and patients
- Many, many thanks to the Selection Committee for their willingness to invest time and effort into my vision and passion

THANK YOU!!!

Questions & Discussion

(or comments)