

2025 UNMC Nutrition Assessment

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The Nutrition Component Editing and Refinement Team (Nutrition CERT) was appointed by the Curriculum Committee in 2019. Based on CERT recommendations, modifications were made to the COM objectives to specifically include nutrition.

1.2 Students will identify and describe the molecular, biochemical, cellular, **dietary**, and microbiologic mechanisms important to maintaining the body's homeostasis.

1.4. Students will explain and differentiate the causes of disease (genetic, developmental, metabolic, toxic, microbiologic, **nutritional**, autoimmune, neoplastic, degenerative, behavioral, cognitive, psychosocial, and traumatic, how they affect the body (pathogenesis) and appropriate therapies.

Nutrition Objectives found in the 2002 *Nutrition Curricular Guide for Training Physicians* from the National Heart, Lung and Blood Institute, 2002 as modified by the IAMSE Nutrition Advocates were used to develop a list of event level objectives to be integrated into the UNMC COM curriculum. (Lindsley et al, 2017) Utilizing this list of objectives, the CERT began by mapping the phase 1 curriculum and recommending additions as needed. See 2025 Phase 1 nutrition map tab 1 "Phase 1 Map Nutrition." To see the same information organized by objective, see tab 3 "Guideline Obj Phase 1." The CERT continues to review the complete phase 1 curriculum over the course of each academic year, ensuring the lecture or activity remains in the curriculum and addresses mapped nutrition objectives.

National efforts to improve nutrition teaching in medical schools are increasing. In 2024, the AAMC requested reports from medical colleges on whether they were addressing 19 nutrition objectives. The UNMC COM curriculum addresses each of the objectives. However, currently, we have little content mapped for **objective 5. "Drug Nutrient Interactions."** We also had little mapped for **objective 19. "Environmental Impact of Food Production and Choices on Planetary Health,"** but that has been added to the Family Medicine Clerkship in phase 2, so is now covered. The AAMC has recommendations for moving from objectives to competencies in nutrition which could provide a guide for UNMC. (AAMC Data Snapshot: Nutrition in Medical Education Curricula) There is also a published list of 48 proposed nutrition competencies of which the authors recommend prioritizing the addition of 10 to medical school curricula. (Eisenberg DM. Proposed Nutrition Competencies for Medical Students and Physician Trainees: A Consensus Statement. JAMA Netw Open. 2024 Sep 3).

2025 UNMC Phase 1 Nutrition Overview:

Phase 1 includes 52 hours of lecture or activity that the CERT is mapping based on nutrition content. This may be significant coverage of nutrition down to just one mention on one slide. In some cases, the CERT has recommended that a lecture refer to and remind students about pertinent nutrition topics covered in another lecture. See excel 2025 phase 1 nutrition map, tab 1 "Phase 1 Map Nutrition."

There are 17 Phase 1 lectures or activities which are focused specifically on nutrition topics, along with three hours of associated assessment.

2025 Phase 2 Nutrition Overview:

The CERT is continuing to evaluate and map the phase 2 curriculum. Our assessment is that nutrition content is found throughout phase 2 in didactics and clinical experiences. At this point, only the family medicine clerkship includes a nutrition objective and 1 hour of didactic training. We recommend that the curriculum committee consider adding nutrition objectives for the other clerkships to be able to highlight, map and show evidence of the nutrition topics included in the Phase 2 curriculum.

These new Objectives could map to the following COM Objectives, as appropriate:

1.2 Students will identify and describe the molecular, biochemical, cellular, dietary and microbiologic mechanisms important to maintaining the body's homeostasis

1.4. Students will explain and differentiate the causes of disease (genetic, developmental, metabolic, nutritional, toxic, microbiologic, autoimmune, neoplastic, degenerative, behavioral, cognitive, psychosocial, and traumatic, how they affect the body (pathogenesis) and appropriate therapies.

2.1 Students will demonstrate the ability to obtain an accurate and thorough medical history covering all essential aspects of the history, including but not limited to issues related to age, gender, and socio-economic status.

4.0 Students will employ effective listening, verbal and written communication skills with patients, family members, colleagues, and other health professionals to promote optimal health outcomes.

5.6 Students will recognize and reflect on the past and current prevalence of racism, bigotry and bias in medical care, access and exposure of minoritized and marginalized people to harmful treatment, experiences, environments and toxins and how this relates to health, disease incidence, prevalence, treatment, outcome and prevention.

6.2. Students will advocate for the interests of their patients and society for the improvement of the health care system.

The Family Medicine Clerkship objectives now include the following objective:

29. "Assess patient history (including nutrition security and exposures to toxins), diet, physical exam, and laboratory test information; recognize healthy behaviors and make appropriate recommendations for physical activity and nutritional modifications to maintain good health and prevent and treat disease. (Nutrition)"

It maps to COM objectives 1.2, 1.4, 4.0, 5.6, 6.2

The following are recommendations for possible wording for a nutrition objective for each of the other clerkships based on our assessment of the nutrition content contained in those clerkships.

Pediatrics

"Assess patient nutrition status through history (including diet and physical activity, and screening for nutrition security, appropriate formula preparation, disordered eating behaviors, and exposures to

toxins), physical exam, and laboratory testing information; evaluate growth and development, make recommendations for healthy diet and exercise habits for children to maintain good health and prevent and treat disease. (Nutrition)"

Internal Medicine

"Assess patient nutrition status through history (including diet, physical activity, screening for disordered eating, nutrition security and exposure to toxins), physical exam, and laboratory test information; recognize healthy behaviors and make appropriate recommendation for physical activity and nutrition modifications to maintain good health and prevent and treat disease in adults. (Nutrition)"

Surgery

"Assess patient nutrition status through history (including dietary intake, weight history, and nutrition security), physical exam and laboratory results; recognize how a patient's nutrition status impacts health and outcomes in the perioperative period and beyond, evaluate and manage nutrition needs in the surgical patient. (Nutrition)"

OB/Gyn

"Assess patient nutrition status through history (including diet, physical activity, weight history, screening for nutrition security and exposure to toxins), physical exam and laboratory results; recognize healthy behaviors and make appropriate recommendations and referrals to maintain good health and prevent disease throughout life and during pregnancy and lactation. (Nutrition)"

Psychiatry

"Assess patient nutrition status through history (including dietary intake, screening for food insecurity and disordered eating patterns), physical exam and laboratory results. Recognize how a patient's nutrition status impacts mental health and outcomes and make nutrition recommendations and referrals to maintain health and prevent disease. (Nutrition)"

2025 Next Steps in Nutrition Curriculum at UNMC

UNMC is doing well with integration and mapping of nutrition event objectives throughout the curriculum. Phase 1 also includes test questions on nutrition topics. There are national recommendations to ensure students are meeting nutrition competencies, as well. Some recommendations include adding more nutrition case-based learning, simulation cases, and inclusion of nutrition skills in the OSCE setting. The AAMC recommends to consider ethics seminars in nutrition focusing on food insecurity and obesity bias. There are opportunities for advocacy within the community and state for initiatives to improve access to healthy foods.

A number of medical schools have a teaching kitchen where students learn hands-on skills with healthy foods. UNMC does not have a teaching kitchen on campus or a culinary medicine curriculum. Some recommendations also include a multi-disciplinary team for building nutrition in the medical school

setting. While UNMC dieticians are already generously helping with lectures, the nutrition CERT and one M4 elective, it is likely that they would need support for any larger role in the COM.

Attached Excel Spreadsheet: 2025 Phase 1 Nutrition Map, Nutrition Lectures, Objectives

Sources:

Lindsley, J.E., Abali, E.E., Bikman, B.T. *et al.* What Nutrition-Related Knowledge, Skills, and Attitudes Should Medical Students Develop?. *Med.Sci.Educ.* **27**, 579–583 (2017). <https://doi.org/10.1007/s40670-017-0476-3>

“Nutrition in Medical Education Curricula: A Recipe for Increased Competency - Based Teaching and Learning.” AAMC Data Snapshot. August 2025. [Nutrition in Medical Education Curricula: A Recipe for Increased Competency-Based Teaching and Learning.](#)

[Strengthening Nutrition Education Across the Medical Education Continuum | AAMC](#)

Eisenberg DM, Cole A, Maile EJ, Salt M, Armstrong E, Broad Leib E, Findley T, Massa J, Albin J, Alston M, Barkoukis H, Buckhold F, Danoff R, Delichatsios H, Devries S, Dewar S, Di Rocco J, Duggan CP, Essel K, Frates B, Hansen P, Haramati A, Harlan TS, Hauser ME, Leopold D, Lewis J, Locke A, Mann JR, McClure A, McWhorter JW, Misra S, Murano T, Oxentenko A, Pierce-Talsma S, Potts S, Reilly JM, Ring M, Sampang S, Shafto K, Shiue L, Slusser W, Stone T, Studer K, Thomas O, Trilk J, Edgar L. Proposed Nutrition Competencies for Medical Students and Physician Trainees: A Consensus Statement. *JAMA Netw Open.* 2024 Sep 3;7(9):e2435425. doi: 10.1001/jamanetworkopen.2024.35425. Erratum in: *JAMA Netw Open.* 2025 Oct 1;8(10):e2541219. doi: 10.1001/jamanetworkopen.2025.41219. PMID: 39348126.