USING A CULINARY HEALTH EXPERIENCE TO TEACH TEAMWORK SKILLS: A NEW INTERPROFESSIONAL EDUCATION EXPERIENCE

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PURPOSE
To design a new interprofessional culinary health curriculum for first year medical, nursing and physician assistant students (total=135).

METHODS
As medical schools focus more on healthy communities, there has been a corresponding expansion of teaching on nutrition and healthy cooking concepts. Students in the early years of training must learn about clinical nutrition and the dietary needs of special populations. Other relevant concepts that play a role in culinary health include population health, clinical dietetics, health disparities, quality and safety, and service learning. Interprofessional team activity in a large commercial training kitchen also offers many analogies to fast paced hospital care teams. Working with two partner institutions, we launched a culinary health program that involved three components: expanding students’ nutrition knowledge base, team-based meal preparation and service, and community outreach. Interdisciplinary student teams worked together during two lab sessions in a commercial kitchen wherein they cooked and served five different types of meals based on special patient populations. They also completed a nutrition oriented community service project involving inner city youth, performed a nutrition “self-analysis” exercise and worked through clinical nutrition cases.

RESULTS
Students provided feedback on standardized course evaluation forms, rating the culinary health experience at 3.75 on a 5-point scale. Excellent suggestions for course enhancement were received. There was a range of student “buy in” regarding the analogy of a commercial kitchen being similar to a busy clinical environment.

CONCLUSION
The successful implementation of a culinary health program involving students from three disciplines requires abundant logistical support. Similar programs, during either preclinical or clinical years, may be scalable and easily accomplished. Strengths included a large student base from three disciplines and the mandatory curricular requirement for the program. Limitations included a single school intervention and one year’s worth of experience and student feedback data.