## Medical students' perceptions of the nutrition curriculum in their undergraduate medical education (UME) at the Northern Ontario School of Medicine (NOSM)

N. Ducharme<sup>1</sup>, D. Lalonde<sup>2</sup>, E. Dubois<sup>1</sup>, L. Rysdale<sup>1</sup>. <sup>1</sup>Northern Ontario Dietetic Internship Program, Northern Ontario School of Medicine, Sudbury, ON; <sup>2</sup>Northern Ontario Dietetic Internship Program, Northern Ontario School of Medicine, Thunder Bay, ON.

Introduction: Nationally, over one third of medical students are dissatisfied with the nutrition education they receive during their UME resulting in physicians who are not comfortable, confident, or adequately prepared to address and counsel nutrition concerns in their practices.

Objective: To evaluate NOSM UME students' perceptions of the curriculum related to their nutrition knowledge, attitudes, and counseling self-efficacy/confidence.

Methods: A 16-item electronic survey (Qualtrics<sup>©</sup>) was developed and included nine nutrition competency statements; adult and pediatric nutrition assessment and counselling confidence; and nutrition curriculum satisfaction. Once pretested by four UME students, students in Years 2, 3 and 4 (n= 192) were invited to complete the survey between January 25 - February 5, 2021. Statistics was completed in Excel<sup>©</sup>.

Results: Of the 61 respondents, 50.8% were Year 2, 34.9% Year 3, and 10.6% Year 4. Overall, 72.1% were dissatisfied with their UME nutrition education. Perceived competencies of highest disagreement were strategies to prevent and treat disease (72.1%); applying basic dietary strategies (65.6%), and ethics and nutrition management (62.3%) while 52.5% felt competent in the team approach to nutrition care. Respondents reported lowest competence (less than 10- 15%) in specialized nutrition support, cancer care, renal nutrition, and mental health/eating disorders for both pediatric and adult populations.

Conclusions: NOSM medical learners report curriculum dissatisfaction; nutrition incompetence and poor levels of perceived confidence in nutrition management of pediatric and adult issues. Results will be used to inform nutrition curriculum enhancements and future outcome evaluations. Response rates limits comparing years and overall generalizability.

Significance: Current and future physicians with enhanced nutrition knowledge, awareness of the RD's roles, and an understanding of when to refer patients to an RD can provide better patient-centered care. Positioning RDs as educators in UME programs can help develop our reputation as nutrition experts and valuable members of the health care team.