

Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Nutrition Training in Family Practice

To the Editor:

The article entitled "Nutritional Supplementation Utilization in an Urban Family Practice Center" by Pallay et al in the February issue of *The Journal* (*J Fam Pract* 1984; 18:249-253) omitted two key points that should be addressed in regard to nutrition education in family medicine residency programs.

First, before family physicians can competently provide patient education in nutrition, they need to be educated in the subject themselves. A recent survey by Lasswell et al¹ found only 35 percent of residents surveyed perceived their knowledge level in nutrition to be adequate. Their interest in learning more about nutrition was high, indicating that nutrition training during residency is desirable and appropriate. Nutrition education should be provided by nutrition specialists, preferably registered dietitians with advanced degrees or those with doctoral degrees in nutrition with clinical backgrounds.²

A nutrition history that encompasses information regarding not only nutritional supplementation but also other medications including over-the-counter and prescription products should be utilized by family physicians. This history will aid in assessing nutritional status of



patients at risk for hypervitaminosis states as well as side effects of various nutrient-drug interactions that may occur.

Our program uses a one-page nutrition history form that includes pertinent demographic data, vitamin and mineral and medication use, current diet practices, food intolerances, alcohol intake, and a 24-hour recall food-frequency check list. Either the patient may fill out the form prior to seeing the physician or the resident may interview the patient, which takes on an average of 10 to 15 minutes. Several residents have suggested making the form part of the permanent medical record for each patient. An alternative is to have the nutrition-related questions added to the standard medical history form. It is then, after a nutritional assessment is conducted, that appropriate dietary counseling may begin.

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References

1. Lasswell A, Jackson ME, Culpepper L: Nutrition education for physicians. *J Med Educ*, in press
2. Lasswell A: Nutritionists in education. *Fam Med* 1983; 15:234

Nutrition Teaching

To the Editor:

In the February 1984 issue of *The Journal*, Dr. Geyman provided a concise overview of the inadequate teaching of nutrition within medical education and the increasing recognition that these inadequacies can and should be remedied.¹ Those who are concerned about the teaching of nutrition in family practice residencies may be interested in joining the Working Group on Nutrition Education of the Society of Teachers of Family Medicine. This working group was established in May 1983 to facilitate communication among those teaching nutrition in family medicine, to identify the core content in nutrition for family medicine residents, and to share teaching strategies and resources as well as funding methods. Regional coordinators for nutrition education have now been identified and a newsletter begun.

Membership in the Society of Teachers of Family Medicine is required for participation in the working group. Further information can be obtained from either Lloyd Michener, MD, Duke-Watts Family Medicine Program, Duke University Medical Center, 407 Crutchfield Street, Durham, NC 27704 or Sylvia Moore, RD, Family Practice Residency, 21 East 18th Street, Cheyenne, WY 82001.

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Reference

1. Geyman JP: Nutrition teaching in medical education: A case of chronic neglect. *J Fam Pract* 1984; 18:193-194