

Applied Cardiometabolic Nutrition

Two weeks · 40 hours · one hosted course hub

In development · pilot 2026–27 at Wake Forest Family Medicine Residency

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Nutrition education too often stops at knowledge. ACN operationalizes it.

ACN moves residents from nutrition knowledge to **using nutrition in clinical practice**. They assess, individualize, prescribe, address medication safety and coordinated deprescribing, and monitor therapy — culminating in an Applied Nutrition Prescription for a continuity-clinic patient.

40 hrs structured instruction fits an existing two-week elective	14 expert lectures prerecorded with decks and scripts	69/71 HHS competencies addressed including the full foundational set	6.5 hrs scheduled faculty time ≈12 h total including scoring	0 nutrition-subspecialty faculty any core faculty can facilitate
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WHAT MAKES ACN DIFFERENT

- 01 Operationalize nutrition — don't just teach it**
Residents practice assessing, prescribing, and monitoring nutrition therapy, then apply it to their own clinic patients.
- 02 One hosted course hub — nothing built locally**
Instruction, activities, submissions, rubrics, and tracking arrive preconfigured.
- 03 Expert-standard assessment — no nutrition-subspecialty faculty**
Expert-developed keys, rubrics, and safety gates support one calibrated local course lead.

THE APPLIED NUTRITION PRESCRIPTION (ANP)

Assess → Select → Individualize → Prescribe → Monitor

A repeatable point-of-care workflow, practiced daily in a Read → Appraise → Watch → ANP → Applied Session cycle. Residents complete four across the block: two case-based, one for a real patient from their own continuity panel, and the 100-point Day-8 capstone. No work is required outside the training day.

Anchored to the 2025–2030 Dietary Guidelines for Americans · insulin resistance as the organizing framework · rubrics score clinical reasoning, not dietary allegiance · one protected continuity-clinic day each week.

HOW IT IS TAUGHT

Expert content, delivered anywhere.
Applied learning, facilitated locally.

PREPARE → LEARN → APPLY → INTEGRATE

8:00–9:00 preparation and critical appraisal → morning instruction → afternoon application → 3:00–5:00 ANP development and reflection. All activities occur within the protected training day; one day each week is reserved for continuity clinic.

SIX CORE LEARNING EXPERIENCES

4+3

Journal clubs + appraisals

Compare evidence-based dietary patterns

8

Applied workshops

Construct and refine the ANP step by step

3

Simulated-patient cases

AI-enabled or role-play

1

Culinary-medicine session

Teaching-kitchen or at-home format

1

NCI DHQ-III exercise

Dietary-assessment methods; confidential

14d

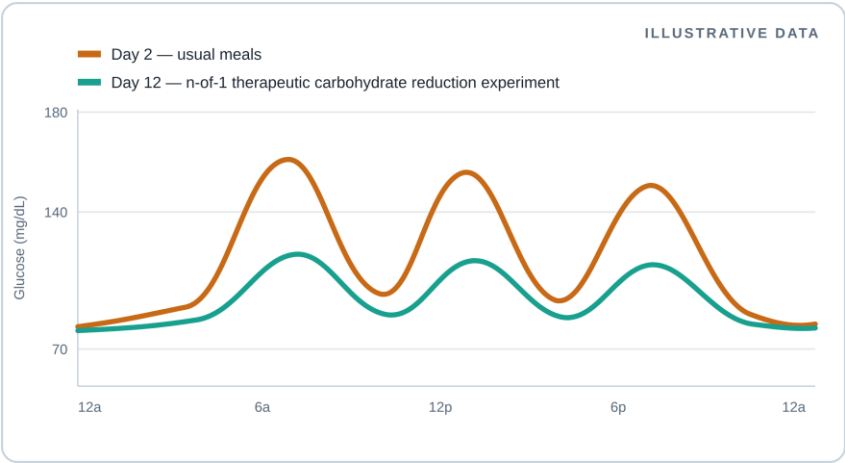
CGM practicum

Voluntary and ungraded; alternative available

EIGHT INSTRUCTIONAL DAYS

WEEK 1	DAY 1 Foundations & the ANP	DAY 2 Evidence Appraisal & Mechanisms	DAY 3 Nutrition Assessment & Measurement	DAY 4 Energy Balance & Culinary Medicine
	DAY 5 Therapeutic Carbohydrate Reduction	DAY 6 Cardiometabolic Risk & Behavior Change	DAY 7 Safety, Implementation & Simulation	DAY 8 Interprofessional Practice & Capstone
WEEK 2				

METABOLIC SELF-EXPERIENCE · THE CGM PRACTICUM



Illustrative within-person comparison — not a treatment-efficacy claim.

Residents wear a continuous glucose monitor for two weeks and run structured n-of-1 comparisons — carbohydrate source, meal sequence, activity, sleep, timing — then translate what they see into patient-centered counseling.

Voluntary, confidential, and ungraded; learners who opt out use shared, de-identified data.

Interprofessional. Medicine, dietetics, pharmacy, and behavioral-health reasoning are embedded in the cases and the Day-8 conference.

Assessment is built in. Every graded activity uses expert-developed rubrics, benchmark responses, and critical-safety gates; local faculty assign every final score.

HOW IT IS DELIVERED AND ADOPTED

Everything arrives prebuilt.

A complete elective assembled in one hosted course hub — not a resource library.

ALL PREBUILT BY ACN · NOTHING BUILT LOCALLY



THE RESIDENT'S PATH LEARN → PRACTICE → SUBMIT FOR FACULTY SCORING → APPLY IN CLINIC UNDER SUPERVISION

WHAT YOUR PROGRAM GETS BACK

Scored portfolio

Appraisals, module and continuity-clinic ANPs, counseling transcripts

Day-8 ANP capstone

Applied to a patient on the resident's own panel · 100-pt rubric + safety gate

Course-completion report

Cross-walked to HHS competencies and nine ACGME FM subcompetencies

FIVE TIERS — ADOPT AT THE LEVEL YOU CAN RUN

Tier 1 · Local, paper, self-delivered

Slides, talk tracks, printable assessments, role-play cases, paper scoring.

NO PLATFORM NEEDED

Tier 2 · Recorded + paper

Expert-recorded lectures; assessments stay printable and faculty-scored.

NO LOCAL LECTURING

Tier 3 · Hosted online

The complete elective in the ACN course hub: lectures, readings, activities, submissions, rubrics, and progress tracking.

RECOMMENDED · NO FEE

PLANNED ENHANCEMENTS

Tier 4 · + AI-assisted first pass

AI drafts rubric-aligned feedback and flags possible omissions.

Tier 5 · Hosted + implementation support

De-identified analytics, benchmarking and faculty development.

Tier 1–2 core materials will remain free under CC BY-NC for the life of the curriculum. Tier 3 hosted access will be free at launch; future hosted or implementation-support services may carry costs. Released core materials will remain free.

No teaching kitchen? → Use the structured at-home protocol.

Rolling electives or small cohorts? → Run one module per week.

MILESTONES EVIDENCE, PRE-MAPPED

Nine ACGME Family Medicine subcompetencies (PC-2 · PC-3 · MK-1 · MK-2 · PBLI-1 · PBLI-2 · ICS-1 · ICS-2 · SBP-2). The crosswalk informs local review; it does not establish a Milestone level or replace CCC judgment.

Interested in adopting ACN?

Request the sample module or join the early-adopter cohort.

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