Bringing the Kitchen into the Classroom: Integrating Culinary Medicine into Doctoral Nurse Practitioner Education

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VCU Culinary Medicine Healthy Living Porject

Learn, Cook, Thrive
Making Healthy Living Delicious

Background/Introduction

Nurse practitioners (NPs) are well situated to address lifestyle-driven disease given their orientation toward prevention and health promotion; however, a persistent barrier to effective dietary counseling is the insufficient preparation NP students receive in nutrition during graduate training (Eaton et al., 2022).

Chao et al. (2023) found that NP learners received an average of 14.4 hours of nutrition education across their programs, and most programs did not require a dedicated nutrition course even when faculty identified the content as critically important. DuBois et al. (2025) called for enhanced nutrition integration across graduate nursing education to support care quality and health equity.

The gap between the nutritional demands of contemporary NP practice and the preparation learners currently receive indicates a need for innovative curricular approaches.

Purpose

To determine the feasibility and acceptability of integrating culinary medicine into a Doctor of Nursing Practice (DNP) curriculum without increasing credit hours or modifying course objectives.

Methods

Primary Outcome Measures

Feasibility - Implementation

Participation rates in voluntary culinary sessions

- Survey response rates
- Ability to integrate content without increasing credit hours
- Ability to integrate without modifying formal course objectives
- Faculty-confirmed curricular alignment and sustainability

Secondary Outcome Measures

Acceptability & Perceived Educational Value

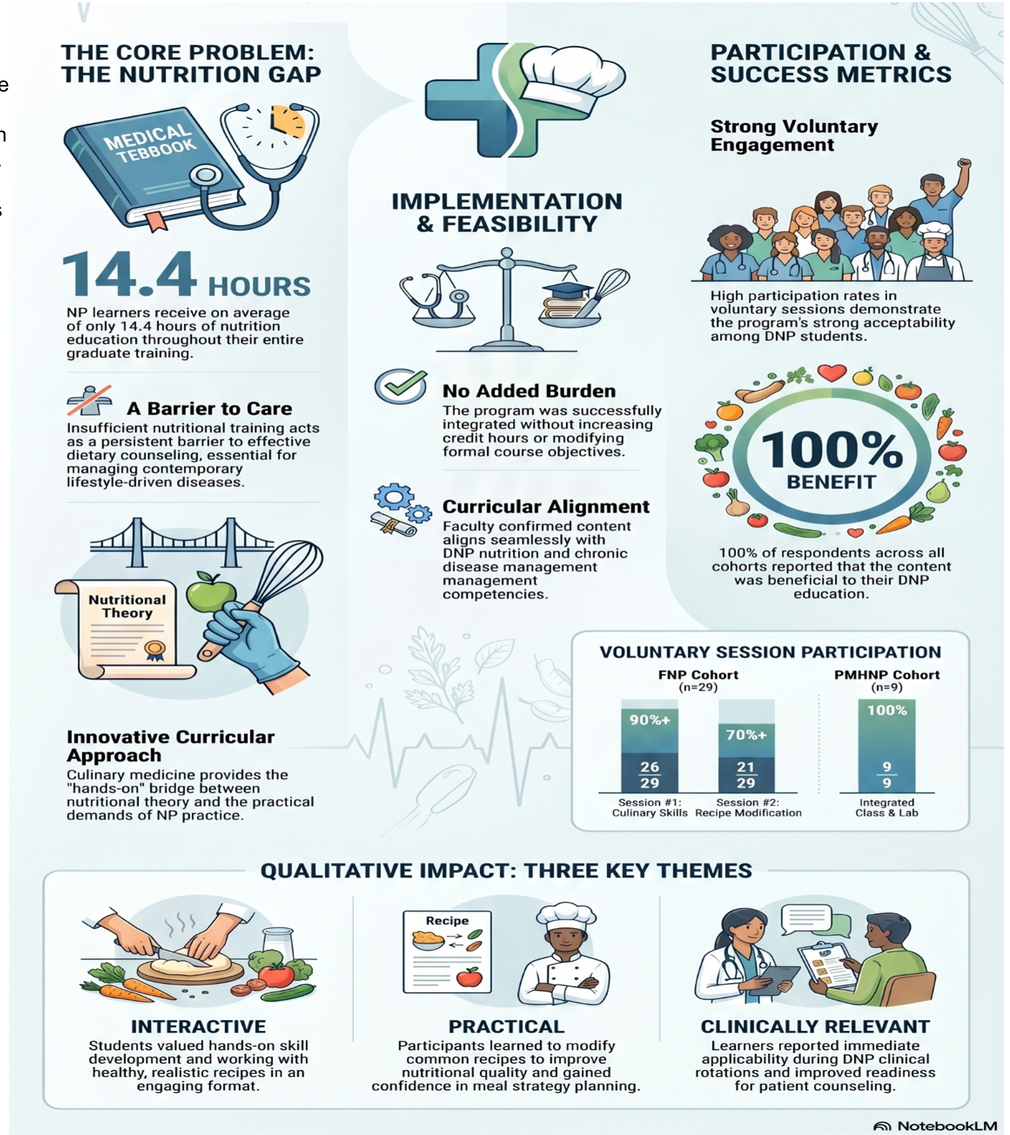
- Post-session survey responses
- Perceived benefit to DNP education

Perceived Competence & Clinical Outcomes

- Self-reported confidence in translating dietary guidance
- Perceived immediate applicability during clinical rotations
- Interview data reflecting improved readiness for patient counseling

Setting

DNP program at a large urban based academic School of Nursing



Participants

Culinary medicine content was embedded into required coursework for:

- One Family Nurse Practitioner (FNP) cohort (*n*=29)
- One Psychiatric Mental Health Nurse Practitioner (PMHNP) cohort (*n*=9)

FNP students were offered two voluntary post-didactic hands-on culinary skills sessions:

- FNP Session #1: 26 participants
- FNP Session #2: 21 participants

PMHNP all content was integrated into didactic class and lab time

- PMHNP Session #1: 9 participants

Results

High voluntary participation supported implementation feasibility.
Survey findings demonstrated strong acceptability across cohorts.

- FNP Session 1 respondents (*n*=17) reported valuing the interactive format, practical culinary skill development, and healthy, realistic recipes.
- FNP Session 2 respondents (*n*=10) emphasized learning to modify common recipes to improve nutritional quality.
- 100% of respondents indicated the content benefited their DNP education
- PMHNP respondents (*n*=9) reported relevance to behavioral health practice and applicability to patient care.

Qualitative themes: interactive, practical, clinically relevant. Across surveys, students described increased confidence translating evidence-based dietary guidance into actionable meal strategies and immediate applicability during DNP clinical rotations.

Faculty interviews confirmed:

- Direct alignment with DNP nutrition and chronic disease management competencies
- Seamless integration into existing course modules
- No need for revision of formal course objectives
- Perceived sustainability within current curricular structures

Conclusion/Practice implications

- This feasibility project demonstrates that culinary medicine can be successfully integrated into DNP education without increasing credit hours or altering course objectives.
- High participation rates and positive survey and interview findings indicate strong acceptability, competency alignment, and clinical relevance.
- Embedding experiential culinary sessions within advanced practice nursing education offers a scalable strategy to strengthen nutrition competency and enhance preparation for food-centered chronic disease management in Doctor of Nursing Practice programs.