



**Interprofessional culinary education workshops at the University of Saskatchewan**  
**Ateliers de formation culinaire interprofessionnelle à l'Université de Saskatchewan**

Jessica RL Lieffers, Erin Wolfson, Gabilan Sivapatham, Astrid Lang, Alexa McEwen, Marcel F D'Eon and Carol J. Henry

Volume 12, Number 3, 2021

URI: <https://id.erudit.org/iderudit/1080236ar>  
DOI: <https://doi.org/10.36834/cmej.70611>

[See table of contents](#)

Publisher(s)

Canadian Medical Education Journal

ISSN

1923-1202 (digital)

[Explore this journal](#)

Cite this document

Lieffers, J., Wolfson, E., Sivapatham, G., Lang, A., McEwen, A., D'Eon, M. & Henry, C. (2021). Interprofessional culinary education workshops at the University of Saskatchewan. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 12(3), 159–162.  
<https://doi.org/10.36834/cmej.70611>

Article abstract

Implication Statement: If you want to offer your students an enjoyable and worthwhile interprofessional activity to learn about issues in community nutrition, your university can cook up these interprofessional culinary education workshops. Start with a few enthusiastic students from various health professional programs who can organize, promote, and lead. Include faculty and/or staff to support the students and apply for internal funding. Find workshop facilitators (e.g., chefs), and arrange for program evaluation. It is best to choose workshop topics and themes relevant to your local situation. Ensure workshops are structured to facilitate cooperative and experiential learning. Students will find these sessions informative, practical, and enjoyable.



## Interprofessional culinary education workshops at the University of Saskatchewan

### Ateliers de formation culinaire interprofessionnelle à l'Université de Saskatchewan

Jessica RL Lieffers,<sup>1</sup> Erin Wolfson,<sup>2</sup> Gabilan Sivapatham,<sup>2</sup> Astrid Lang,<sup>2</sup> Alexa McEwen,<sup>2</sup> Marcel F D'Eon<sup>2,3</sup> Carol J Henry<sup>1</sup>

<sup>1</sup>College of Pharmacy and Nutrition, University of Saskatchewan, Saskatchewan, Canada; <sup>2</sup>College of Medicine, University of Saskatchewan, Saskatchewan, Canada; <sup>3</sup>Medical College of Georgia, Augusta University, Georgia, USA

Correspondence to: Jessica Lieffers PhD RD, College of Pharmacy and Nutrition University of Saskatchewan, 107 Wiggins Road Saskatoon, SK, S7N 5E5; email: [jessica.lieffers@usask.ca](mailto:jessica.lieffers@usask.ca)

Published ahead of issue: February 16, 2021; published: June 30, 2021. CMEJ 2021, 12(3) Available at <http://www.cmej.ca>

© 2021 Lieffers, Wolfson, Sivapatham, Lang, McEwen, D'Eon, Henry; licensee Synergies Partners

<https://doi.org/10.36834/cmej.70611>. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (<https://creativecommons.org/licenses/by-nc-nd/4.0>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

### Implication Statement

If you want to offer your students an enjoyable and worthwhile interprofessional activity to learn about issues in community nutrition, your university can cook up these interprofessional culinary education workshops. Start with a few enthusiastic students from various health professional programs who can organize, promote, and lead. Include faculty and/or staff to support the students and apply for internal funding. Find workshop facilitators (e.g., chefs), and arrange for program evaluation. It is best to choose workshop topics and themes relevant to your local situation. Ensure workshops are structured to facilitate cooperative and experiential learning. Students will find these sessions informative, practical, and enjoyable.

### Énoncé des implications de la recherche

Les ateliers culinaires sont une activité interprofessionnelle agréable et intéressante que votre université peut proposer aux étudiants qui souhaitent se familiariser avec les enjeux de la nutrition communautaire. Il suffit de réunir, pour commencer, quelques étudiants motivés issus de divers programmes de santé pour organiser, promouvoir et diriger les ateliers. Il s'agit ensuite de trouver les enseignants ou le personnel pour les soutenir, et de s'assurer d'un financement interne. Il faut ensuite trouver des animateurs d'ateliers (par exemple, un chef) et planifier l'évaluation du programme. Il est préférable d'axer les ateliers sur des thèmes adaptés à votre milieu. Les ateliers doivent être structurés de manière à faciliter l'apprentissage coopératif et expérientiel. Les étudiants trouveront ces séances instructives, pratiques et agréables.

### Introduction

Culinary education events have grown in popularity in medical education.<sup>1,2</sup> They are an appropriate setting for interprofessional education<sup>3</sup> where students attend to learn about local issues in and approaches to community nutrition. At the University of Saskatchewan (USask), a steering committee led by students organized and hosted

five interprofessional culinary education workshops beginning in January 2018. These workshops provided health professions students with interprofessional learning experiences designed on principles of experiential and cooperative learning<sup>4</sup> while preparing affordable meals and learning about important topics in foods and nutrition. In addition, this interprofessional education opportunity provided students opportunities to learn from, with, and

about students from a variety of health professional programs.<sup>5</sup> In this article, we describe the implementation and evaluation of these workshops so that other institutions may consider hosting these as well.

## Intervention

The workshops were executed as a partnership between two disciplines at USask (medicine and nutrition) and were held in the evening in the USask undergraduate foods laboratory. Funding (average of approximately \$500/workshop) was obtained from internal sources (e.g., grants) and the workshops were planned and hosted by students with support from faculty and staff. We advertised through various university channels.

Between 15-30 health professional students from various programs (e.g., nutrition, medicine, pharmacy, nursing, dentistry) participated in each 3-hour workshop. Workshop topics included food security and Indigenous foods which are relevant for Saskatchewan. Each workshop began with one or two speakers for 15-30 minutes each (e.g., Elder, food access/security organization staff), followed by a facilitated cooperative cooking activity with an experienced local chef or collective kitchen facilitator. We asked participants to form small groups to prepare one or two different dishes. We encouraged them to work with individuals from programs different from their own and mostly they did work with people they had just met. Diversifying the small groups set up positive interdependence.<sup>4</sup> While participants enjoyed their food, they engaged in a case study activity (e.g. a patient experiencing food insecurity) or game (e.g., Kahoot! quiz to test knowledge gained during the guest speaker presentation) led by student organizers. Both food preparation and the case study/game activities established face-to-face promotive interaction.<sup>4</sup> The workshop was mostly experiential with the group interaction.

## Evaluation

This program evaluation received an exemption from the University of Saskatchewan Behavioural Research Ethics Office. Staff and faculty who supported the students with these events created post-workshop online surveys (FluidSurveys, SurveyMonkey). These surveys comprised of primarily open-ended questions to evaluate the workshops, which provided an opportunity for participants to reflect on their learning. Open ended questions were analyzed using content analysis.<sup>6</sup>

Across the five workshops, 58 attendees completed the post-workshop surveys. Respondent quotes from these workshops are listed in Table 1. We found that students were attracted to attend the workshops for several reasons: topic, cooking, free food, and interprofessional networking and socialization.

Overall, respondents enjoyed these workshops – especially the presentations and hands-on cooking, including the opportunity to work with a chef. They had few suggestions for improvement. Many respondents self-reported increased knowledge of the workshop topics.

Respondents commented on the interprofessional and cooperative aspects of the workshops: they were a good opportunity to meet and work with students from other programs in an informal setting. They also noted that food and cooking helped to break down barriers between programs and make the interaction easier. They felt the workshops provided an opportunity to learn about other programs, scopes of practice, and hear different perspectives. However, a few respondents reported challenges interacting with students they just met while they were busy cooking.

## Conclusion

Overall, the students who attended the workshops were enthusiastic and reported learning in several areas, including knowledge around the workshop topics and about different health professions. During the workshops, there was a high degree of interaction and cooperation among students from different health professional programs. We encountered challenges such as finding a suitable time for students to participate and finding balance between time for the speakers and the experiential cooking component. We plan to continue hosting these workshops in the coming years (which will include an evaluation of learning outcomes and interprofessional competencies) and hope that other universities will consider hosting their own.

Table 1. Workshop topics, information on survey respondents, and respondent quotes from evaluation surveys

Survey Respondent Information	Respondent Quotes
Workshop #1 (Winter 2018): Food Security (Cooking with foods from a food bank hamper)	<p>Medical student (n = 8)</p> <p>Nutrition student (n = 10)</p> <p>"I enjoyed that there was a talk given before the activity to describe why these issues matter and why this specific activity is done." – Nutrition Student</p> <p>"I found it very valuable to learn what is provided in a food bank box and how versatile those ingredients can be in the kitchen." – Nutrition Student</p> <p>"I learned more about how difficult it is to eat a balanced diet when you are experiencing food insecurity and the importance of food skills." – Nutrition Student</p> <p>"Hearing [a personal] story really put into perspective what the struggles of being food insecure are like. We have learnt this in class but getting a personal story was much more impactful." – Nutrition Student</p> <p>"I thoroughly enjoyed this workshop. It was informative, interactive, encouraged some inter professional socializing and the food was delicious." – Nutrition Student</p> <p>"Cooking gives a natural icebreaker." – Medical Student</p>
Workshop #2 (Winter 2018): Indigenous Foods	<p>Medical student (n = 3)</p> <p>Nutrition student (n = 6)</p> <p>Other health science student (n = 2)</p> <p>"I really enjoyed the case study and the insight given by [the Elder] about Indigenous culture and practical advice for those on low income or social assistance especially regarding use of programs...I also loved having moose for the first time!" – Nutrition Student</p> <p>"I loved that cooking food was involved as I believe that food brings people together regardless of their background." – Nutrition Student</p>
Workshop #3 (Winter 2019): Food Security (Cooking with foods from a food bank hamper)	<p>Medical student (n = 6)</p> <p>Nutrition student (n = 2)</p> <p>Other health science student (n = 2)</p> <p>"It was particularly helpful to see and cook with foods likely to be found in food baskets so as to tailor medical advice for patients who have such nutritional constraints." – Medical Student</p> <p>"Being a dental student, I got some good point of views of other aspects of health care." – Dental Student</p> <p>"It was nice especially since it was voluntary. People who attended wanted to participate." – Medical Student</p> <p>"The elder who presented was amazing and ... did a great job at introducing Aboriginal culture, foods and how things tied to the land. [The ethnobotanist] taught me so much about regional herbs." – Medical Student</p>
Workshop #4 (Fall 2019): Indigenous Foods	<p>Medical student (n = 4)</p> <p>Nutrition student (n = 5)</p> <p>"Awesome interdisciplinary event! Learned a lot of about other programs as well!" – Medical Student</p> <p>"It all connected together very well. Lots of opportunity to get outside my comfort zone." – Nutrition Student</p>
Workshop #5 (Winter 2020): Food Security and Collective Kitchens	<p>Unknown student program (n = 10)</p> <p>"I really liked the hands-on approach as well as the interactive aspect of everything."</p> <p>"Everything was great, loved how much I learned about food security."</p>

**Conflicts of Interest:** None.

**Funding:** The workshops were funded through the University of Saskatchewan College of Pharmacy and Nutrition Indigenous Activities Fund, University of Saskatchewan College of Pharmacy and Nutrition, University of Saskatchewan College of Medicine (Division of Social Accountability (DSA)), and the University of Saskatchewan College of Medicine Social Accountability Lab for Learning and Teaching (SALLT).

**Acknowledgements:** We would like to thank the many individuals who have been involved with the planning and execution of the workshops including several nutrition students (Shea-Lyn Eddleston, Kelsey Firkola, Jessica Martino, Cassidy Roberts), medical students (Christianne

Blais, Alex Kiu, Ben McMillan, Kienna Mills), as well as Carla Fehr and Cathy Langdon.

## References

- Jaroudi SS, Sessions WS, Wang VS, et al. Impact of culinary medicine elective on medical students' culinary knowledge and skills. *Proc (Bayl Univ Med Cent)*. 2018;31(4):439–42. <https://doi.org/10.1080/08998280.2018.1473742>
- Monlezun DJ, Leong B, Joo E, Birkhead AG, Sarris L, Harlan TS. Novel longitudinal and propensity score matched analysis of hands-on cooking and nutrition education versus traditional clinical education among 627 medical students. *Adv Prev Med*. 2015;2015:656780. <https://doi.org/10.1155/2015/656780>

3. Lawrence JC, Knol LL, Clem J, de la O R, Henson CS, Streiffer RH. Integration of Interprofessional Education (IPE) Core Competencies into health care education: IPE meets culinary medicine. *J Nutr Educ Behav*. 2019;51(4):510–2. <https://doi.org/10.1016/j.jneb.2019.01.013>
4. D'Eon M. A blueprint for interprofessional learning. *J Interprof Care*. 2005 May 1;19(sup1):49-59. <https://doi.org/10.1080/13561820512331350227>
5. Hammick M, Olckers L, Campion-Smith C. Learning in interprofessional teams: AMEE Guide no 38. *Medical Teach*. 2009;31(1):1-12. <https://doi.org/10.1080/01421590802585561>
6. Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res*. 2005;15(9):1277-88. <https://doi.org/10.1177/1049732305276687>