

Attachment 2: Theoretical catalogue of criteria with assigned codes and code memos

Structure point	Overarching learning objective	Learning objective	References	Code system	Code memo
1.	Preventive nutritional knowledge			1. preventive nutritional knowledge	Use code if no subcode applies and "nutrition" is mentioned only in general terms in the curriculum.
1.1.	The basics of a healthy diet			1. preventive nutritional knowledge > 1.1. basics of healthy diet	Use code if no subcode is suitable.
1.1.1.	<i>Ability to assess the benefits and limitations of nutrition for a healthy body in order to support adequate physical and mental development.</i>				
1.1.1.1.		Understand: Basic anatomy and physiology of the digestive system (including microbiome) of children and adolescents	[1-4]		
1.1.1.2.		Understand: Basic biochemistry, especially digestion, absorption and metabolism of nutrients in children and adolescents	[1,5]	1. preventive nutritional knowledge > 1.1. basics of healthy diet > 1.1.1. nutrient importance, digestion and absorption in general	Benefits/limitations of nutrition for a healthy body and supporting adequate physical/mental development. Importance of nutrition for primary prevention. Anatomy and physiology of digestive tract, microbiome, digestion/ absorption/metabolism of nutrients in general
1.1.1.3.		Understand: Importance of a balanced diet for the primary prevention of various nutrition-associated diseases	[6-15]		
1.1.1.5.		Understand: Effects of nutrition on age-appropriate cognitive development	[16-26]		
1.1.1.6.		Understand: Effects of nutrition on age-appropriate psychological development	[20-23,27-31]		
1.1.1.7.		Understand: Effects of nutrition on age-appropriate physical development	[32,33]		
1.1.1.8.		Apply: Recognise and implement individual limits of general nutritional recommendations	[34-42]		

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1.1.2.	<i>Ability to differentiate and evaluate the characteristics of different types of diets.</i>				
1.1.2.1.		Understand: Differences and characteristics of vegetarianism, veganism and subtypes	[43-47]; [https://www.dge.de/wissenschaft/fachinformationen/lexitarier-die-flexiblen-vegetarier/] , last reviewed on 23/01/2025]	1. preventive nutritional knowledge > 1.1. basics of healthy diet > 1.1.2. different types of diets	Use code when no subcode fits and the curriculum addresses different dietary patterns, types, or forms in general, including their specific characteristics and, where applicable, their advantages and disadvantages. Relevant terms may include: fad diets, special diets, vegetarianism, veganism, cultural dietary practices, religious dietary rules, dietary trends, or dieting
1.1.2.2.		Understand: Cultural differences in food choices and the impact on the family diet	[48-50]		
1.1.2.3.		Understand: Dietary trends/diets among children and adolescents and the influence of (digital) media	[49,51-58]		
1.1.2.4.		Understand: Differentiation between medical necessity and the voluntary adoption of a specific/restrictive diet	[59-64]		
1.1.3.	<i>Ability to assess nutritional status and prescribe general management and dietary recommendations in accordance with relevant guidelines.</i>				
1.1.3.1.		Apply: Routinely carry out and assess a simple nutritional assessment to identify possible risk factors in the nutritional behaviour of children and adolescents	[33,63,65-69]	1. preventive nutritional knowledge > 1.1. basics of healthy diet > 1.1.3. nutritional assessment	Nutritional assessment, dietary history, assessment of dietary behaviour, eating habits, assessment of nutritional status, body mass index, body shape, body height, waist-to-hip ratio, waist circumference, abdominal circumference, calculation of energy requirements, estimation of portion sizes
1.1.3.2.		Apply: Recognise and classify deviations in appearance (body shape and size) from the norm	[66,70-72]		
1.1.3.3.		Apply: Calculate and estimate energy requirements according to the paediatric stage of life	[73,74]		

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1.1.3.4.		Apply: Assess and evaluate the daily portion sizes consumed in different stages of life in relation to the overall nutritional status	[75-79]		
1.1.3.5.		Apply: Access and use guidelines and official nutritional recommendations	[36,80-88]		
1.1.4.	<i>Ability to recognise the need for interdisciplinary care and to promote collaboration.</i>				
1.1.4.1.		Apply: Interdisciplinary care leads to greater counselling success (e.g. behavioural change or improved laboratory parameters). Be familiar with the possibilities of interdisciplinary care and promote its expansion and utilisation, e.g. involving nutrition professionals, psychological professionals, social workers and physiotherapists.	[89-93]	1. preventive nutritional knowledge > 1.1. basics of healthy diet > 1.1.4. interdisciplinary care	This code addresses interdisciplinary care, for example by sensitising physicians, medical assistants and other healthcare professionals to the importance of interdisciplinary collaboration. It includes awareness of the various professional groups involved (e.g. dietitians/nutritionists, physiotherapists, psychotherapists), enabling healthcare professionals to take active steps, assessing when it is appropriate to involve a specialised professional, initiating interdisciplinary care, and motivating patients to make use of these services
1.1.4.2.		Apply: Identify and involve an appropriate specialised professional once recommendations extend beyond general primary prevention.	[85,89,94-102]		
1.2.	Food science			1. preventive nutritional knowledge > 1.2. food science	
1.2.1.	<i>Ability to assess and recommend food groups in terms of their nutritional and physiological importance.</i>				
1.2.1.1.		Apply: Name and categorise the different food groups consumed in daily diets	[75,79,103,104]	1. preventive nutritional knowledge > 1.2. food science > 1.2.1. foods, food groups, degree of processing	This concerns food groups and foods, as well as the importance of unprocessed and processed foods in the context of primary prevention.
1.2.1.2.		Understand: Holistic understanding of the constituents of foods	[10,75,79,105-108]		

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1.2.1.3.		Apply: Know and recommend (nutritionally) equivalent alternatives to foods that are avoided in the family diet	[103,109]		
1.2.1.4.		Understand: Importance of unprocessed and processed foods for primary preventive health in childhood and adolescence	[108,110]		
1.2.2.	<i>Ability to assess the use of supplements and prescribe them individually.</i>				
1.2.2.1.		Apply: Recommend nutritional supplements according to life stage (e.g. increased requirement) and current intake (e.g. a special diet)	[111-117]	1. preventive nutritional knowledge > 1.2. food science > 1.2.2. supplements	Use code when the topic concerns supplements or dietary supplements and their use in a primary preventive context (e.g. vitamin B12 intake in a vegan diet). Dietary supplements in nutritional medicine are assigned a separate code.
1.2.2.2.		Apply: Know and assess food supplements according to type (chemical compound) and dosage form (multivitamin preparations, single-dose supplements, tablet, oil, powder)	[117-119]		
1.2.2.3.		Apply: Make individualised recommendations regarding the dosage and use of nutritional supplements	[115,116,120]		
1.2.3.	<i>Ability to provide guidance on food hygiene and toxicology.</i>				
1.2.3.1.		Understand: Guidance on hygienic practices in the preparation of infant formula and foods	[121-125]; https://www.bfr.bund.de/en/publications/opinions-and-communications/ , last reviewed on 30/01/2025]	1. preventive nutritional knowledge > 1.2. food science > 1.2.3. food hygiene and toxicology	Hygienic handling of foods, including washing, storage and preparation (e.g. of infant formula), also with regard to the prevention of food-borne infections and intoxications.
1.2.3.2.		Apply: Provide guidance on the prevention of food-borne infections and intoxications in specific stages of life	[126-130]		
1.2.3.3.		Understand: The impact of inadequate food hygiene on short- and long-term gut health	[2-4,121,122, 127,128, 131]		

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1.2.4.	<i>Ability to provide guidance on gentle cooking and kitchen techniques.</i>				
1.2.4.1.		Apply: Know and apply gentle cooking methods (to preserve nutrients) and techniques that enhance nutrient availability in order to ensure adequate nutrient intake across different stages of life	[89,109,132-135]	1. preventive nutritional knowledge > 1.2. food science > 1.2.4. cooking and kitchen techniques	Cooking and kitchen techniques, preparation of foods and meals, nutrient-preserving preparation methods, shared cooking, etc.
1.2.4.2.		Apply: Communicate the importance of cooking and kitchen techniques, as well as shared meal preparation, for promoting a more balanced food selection among children and adolescents.	[136,137]		
1.2.4.3.		Apply: Advise on alternative cooking and kitchen techniques depending on specific life circumstances (e.g. saving time, reducing costs, or accommodating storage possibilities)	[106,137,138]		
1.3.	Nutritional science			1. preventive nutritional knowledge > 1.3. nutritional science	This section deals with nutrients, their functions, importance, sources, etc. Code 1.3 may be used if none of the more specific codes listed below apply.
1.3.1.	<i>Ability to assess the macronutrient protein in the context of a diet that meets nutritional requirements.</i>				
1.3.1.1.		Understand: The function of proteins and their importance in the body.	[139-153]	1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.1. dietary proteins	Use code when the topic concerns proteins in human nutrition, including sources, requirements, intake recommendations, and metabolism.
1.3.1.2.		Understand: Sources of protein, including in meat-free diets (including basic knowledge of biological value)			
1.3.1.3.		Understand: Protein requirements across different stages of life			
1.3.1.4.		Apply: Recognise signs and symptoms of deficiency or excess of protein or essential amino acids			

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1.3.1.5.		Apply: Assess an unfavourable food selection or eating habits that deviate from the norm in the context of protein intake			
1.3.2.	<i>Ability to assess the macronutrient fat in the context of a diet that meets nutritional requirements.</i>				
1.3.2.1.		Understand: The function of fats and their importance in the body			
1.3.2.2.		Understand: Sources of fat, particularly omega-3 fatty acids			
1.3.2.3.		Understand: Requirements for fat, particularly omega-3 fatty acids, across different stages of life	[26,139,152,154-169]; [https://www.dge.de/wissenschaft/fachinformationen/trans-fettsaeuren-und-die-gesundheit/ , last reviewed on 30/01/2025]	1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.2. dietary fats	Use code when the topic concerns fats/lipids in human nutrition, including sources, requirements, intake recommendations, and metabolism.
1.3.2.4.		Understand: The importance of omega-3 fatty acids for development			
1.3.2.5.		Apply: Recognise signs and symptoms of deficiency or excess of fat, particularly omega-3 fatty acids			
1.3.2.6.		Apply: Assess an unfavourable food selection or eating habits that deviate from the norm in the context of fat intake (quantity) and the choice of fat sources (fatty acid profile)			
1.3.3.	<i>Ability to assess the macronutrient carbohydrate in the context of a diet that meets nutritional requirements.</i>				
1.3.3.1.		Understand: The function of carbohydrates and their importance in the body	[139,152,167,169-177]; [https://www.dge.de/wissenschaft/fachinformationen/pseudo-getreide-in-der-saeuglings-und-kleinkindernaehrung/ , last reviewed on 31/01/2025]	1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.3. carbohydrates	Use code when the topic concerns carbohydrates, sugars, or dietary fibre in human nutrition, including sources, requirements, intake recommendations, and metabolism.
1.3.3.2.		Understand: Sources of carbohydrates, particularly sources of dietary fibre			
1.3.3.3.		Understand: Requirements for carbohydrates and dietary fibre across different stages of life			

Structure point	Overarching learning objective	Learning objective	References	Code system	Code memo
1.3.3.4.		Apply: Recognise signs and symptoms of deficiency or excess of carbohydrates (particularly dietary fibre and sugar)			
1.3.3.5.		Apply: Assess an unfavourable food selection or eating habits that deviate from the norm in the context of carbohydrate intake (particularly dietary fibre and sugar)			
1.3.4.	<i>Ability to assign potentially critical micronutrients to different stages of life and assess them in the context of a diet that meets nutritional requirements.</i>				
1.3.4.1.		Understand: Identify potentially critical micronutrients across different stages of life.	[107,178-182]		
1.3.4.2.		Understand: The function and importance of potentially critical micronutrients for health		1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.4. micronutrients	Use code when the topic concerns micronutrients in human nutrition (vitamins, minerals, macro- and trace elements), including sources, requirements, intake recommendations, and metabolism.
1.3.4.3.		Understand: Sources of potentially critical micronutrients	[107,137,139,152,166,174,178-187];		
1.3.4.4.		Understand: Micronutrient requirements across different stages of life	[https://www.dge.de/wissenschaft/fachinformationen/sekundaere-pflanzenstoffe-und-die-gesundheit/] , last reviewed on 31/02/2025]		
1.3.4.5.		Apply: Recognise signs and symptoms of deficiency/oversupply of potentially critical micronutrients			
1.3.4.6.		Apply: Assess unfavourable food selection or eating habits that deviate from the norm in the context of appropriate micronutrient sources			
1.3.5.	<i>Ability to assign fluid requirements to life stages and recommend adequate intake.</i>			1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.5. fluid	Use code when the topic concerns fluid intake in human nutrition, including sources, requirements, and intake recommendations.

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1.3.5.1.		Understand: Knowledge of the function and importance of adequate fluid intake for health	[139,152,172,177,188-198]		
1.3.5.2.		Understand: Sources/selection of appropriate beverages to meet fluid requirements			
1.3.5.3.		Understand: Knowledge of fluid requirements across different stages of life			
1.3.5.4.		Apply: Recognise signs and symptoms of a deficiency/excess related to (unfavourable) drinks			
1.3.5.5.		Apply: Assess an unfavourable beverage selection or drinking habits that deviate from the norm			
1.3.6.	<i>Ability to provide current and individual recommendations on exclusive breastfeeding, complementary feeding, and the transition to the family diet.</i>				
1.3.6.1.		Understand: The time window of the first 1,000 days as a sensitive period of life (specifically in the context of nutrition and the health of mother and child)	[121,199-203]	<p>1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.7. breastfeeding</p> <p>1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.7. breastfeeding > 1.3.7.1. infant nutrition</p> <p>1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.8. complementary feeding</p>	<p>Use code when the topic concerns breastfeeding in general, for example when the term breastfeeding is mentioned alone, as well as when referring to the manner of breastfeeding, such as frequency, duration, or latching technique.</p> <p>Use code when the topic concerns the infant's supply of nutrients, immunoglobulin A, etc., via breast milk and/or the use of infant formula.</p> <p>Use code when the topic concerns complementary feeding, e.g. the introduction of complementary foods, their composition, preparation, etc. No more detailed codes will be provided.</p>

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				1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.10. toddler nutrition	Use code when the topic concerns the nutrition of toddlers.
1.3.6.2.		Understand: The importance of exclusive and predominant breastfeeding during the first six months of an infant's life		1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.7. breastfeeding	Use code when the topic concerns breastfeeding in general, for example when the term breastfeeding is mentioned alone, as well as when referring to the manner of breastfeeding, such as frequency, duration, or latching technique.
1.3.6.3.		Understand: The influence of the breastfeeding person's nutrient intake on milk production and milk quality	[201,204-209]	1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.7. breastfeeding > 1.3.7.2. nutrition of breastfeeding mothers	Use code when the topic concerns the mother's diet during the breastfeeding period.
1.3.6.4.		Apply: Advise caregivers on the conditions of breastfeeding recommendations, such as duration of breastfeeding, feeding rhythm, and latching technique	[200-202,209-211]	1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.7. breastfeeding	Use code when the topic concerns breastfeeding in general, for example when the term breastfeeding is mentioned alone, as well as when referring to the manner of breastfeeding, such as frequency, duration, or latching technique.
1.3.6.5.		Apply: Identify the necessity and timing of introducing infant formula as a supplement (partial breastfeeding) or as the sole feeding method (e.g. in cases of infant weight loss)	[200,201,210]	1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.7. breastfeeding > 1.3.7.1. infant nutrition	Use code when the topic concerns the infant's supply of nutrients, immunoglobulin A, etc., via breast milk and/or the use of infant formula.
1.3.6.6.		Understand: Individualised dietary recommendations during the breastfeeding period (in cases of persistent symptoms in the breastfed infant)	[200,210-212]	1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.7. breastfeeding > 1.3.7.3. challenges	Use code when the topic concerns challenges related to breastfeeding that are not of a pathological nature.
1.3.6.7.		Apply: Advise caregivers on individualised recommendations for the adapted introduction of complementary feeding (transition from exclusive to partial breastfeeding)	[121,201,213,214]	1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.8. complementary feeding	Use code when the topic concerns complementary feeding, e.g. the introduction of complementary foods, their composition, preparation, etc. No more detailed codes will be provided.
1.3.6.8.		Understand: The importance of primary preventive education for caregivers regarding a balanced family diet from the first year of life onward	[120,201,215]	1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.10. toddler nutrition	Use code when the topic concerns the nutrition of toddlers.

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1.3.6.9.		Apply: Assess an unfavourable food selection or eating habits that deviate from the norm in the context of exclusive breastfeeding, partial breastfeeding, and the family diet phase	[187,216-221]	1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.8. complementary feeding	Use code when the topic concerns complementary feeding, e.g. the introduction of complementary foods, their composition, preparation, etc. No more detailed codes will be provided.
				1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.10. toddler nutrition	Use code when the topic concerns the nutrition of toddlers.
				1. preventive nutritional knowledge > 1.3. nutritional science > 1.3.9. maternal nutrition during pregnancy (inductive)	Use code when the topic concerns nutrition during pregnancy. All related content should be grouped under this code; no more detailed codes will be created.
1.4.	Sociology and psychology of nutrition			1. preventive nutritional knowledge > 1.4 Sociology and psychology of nutrition	Use code when none of the subcodes apply, but the topic concerns the sociology and psychology of nutrition, e.g. eating behaviour, prevention of eating disorders, or the influence of sociocultural factors on eating and dietary behaviour.
1.4.1.	<i>Ability to contextualise eating behaviour and assess it appropriately.</i>				
1.4.1.1.		Understand: Knowledge of the development of eating behaviour and influencing factors in the context of the family diet	[222-226]	1. preventive nutritional knowledge > 1.4. sociology and psychology of nutrition > 1.4.1. eating behaviour	Use code when the topic concerns eating behaviour in general. Apply it when eating behaviour is mentioned as a keyword without further details that would correspond to the more specific codes.
1.4.1.2.		Apply: Know and assess contextual factors (e.g. socioeconomic status) that may influence dietary behaviour across different stages of life.	[89,227-231]		
1.4.1.3.		Apply: Know and assess contextual factors (e.g. stress, family, peer group) that may influence dietary behaviour across different stages of life.	[89,222,225,227, 232-236]		

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1.4.1.4.		Apply: Recognise and assess problematic eating behaviour across different stages of life	[237-240]	1. preventive nutritional knowledge > 1.4. sociology and psychology of nutrition > 1.4.1. eating behaviour > 1.4.1.4. problematic eating behaviour	Use code when dealing with problematic eating behaviour that is still considered subclinical (not symptoms of eating disorders).
1.4.1.5.		Apply: Recognise and assess the various symptoms of eating disorders and the associated risks	[241-243]	1. preventive nutritional knowledge > 1.4. sociology and psychology of nutrition > 1.4.1. eating behaviour > 1.4.1.5. symptoms of eating disorders	Use code when the topic concerns symptoms of eating disorders and the associated risks. This may also be understood in terms of early detection (strictly speaking secondary prevention). All other aspects of eating disorders, particularly therapeutic aspects, can be found in the nutrition medicine section.
				1. preventive nutritional knowledge > 1.5. nutritional knowledge for the primary prevention of specific diseases (inductive)	Use code when the topic concerns specific nutritional knowledge related to particular diseases. The prevention of food-borne diseases (infection, intoxication) is coded under 1.2.3.
				1. preventive nutritional knowledge > 1.6. lifestyle without specific nutritional reference (inductive)	Use code when the curriculum refers to lifestyle or way of life without explicitly mentioning nutrition.
2.	Communication			2. communication competencies	Use code if only general communication is mentioned, but no further details are provided.
2.1.	<i>Ability to ensure patient- and family-centred communication and care.</i>				
2.1.1.		Understand: Basic attitude: advantages and aspects of patient- and family-centred communication and care (in contrast to provider-centred communication).	[89,244-261]; Specific to empathy: [256,262-264]	2. communication competencies > 2.1 Patient- and family-centred care	Use code if patient- and/or family-centred care is explicitly mentioned.

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2.1.2.		Apply: Patient- and family-centred care: - Empathy - Active listening - Validation - Comprehensible explanations - Shared decision-making - Respecting the patient's autonomy - Building a relationship and trust - Activating patients to actively participate in and shape their treatment			
2.1.4.		Apply: Coping with difficult situations (e.g. conveying "bad news", conflict, but also risk communication in medical consultation), requires e.g. skills for emotion regulation, de-escalation, empathy, change of perspective	[259,265-270]	2. communication competencies > 2.1 Patient- and family-centred care > 2.1.4 Dealing with difficult situations	Dealing with difficult situations (e.g. conveying "bad news", conflict, but also risk communication medical consultation), requires e.g. skills for emotion regulation, de-escalation, empathy, change of perspective
2.1.5.		Apply: Intercultural competence, e.g. knowledge regarding understanding of roles, eating habits, influence of religion, professional handling of language barriers	[259,271-277]	2. communication competencies > 2.1 Patient- and family-centred care > 2.1.5 Intercultural competencies	Intercultural competence, e.g. knowledge regarding understanding of roles, eating habits, influence of religion, professional handling of language barriers
2.2.	<i>Ability to understand and apply special features of communication in paediatrics.</i>				
2.2.1.		Apply: Ability to adapt one's communication to age and stage of development.	[244,278-280]	2. communication competencies > 2.2 Communication in paediatrics	Use code when communication in paediatrics is specifically addressed. This can mean adapting communication to age and stage of development, addressing children and parents, building relationships, encouraging family meals, activating fathers
2.2.2.		Apply: Ability to address and involve both children and their parents, build relationships	[244,278,279,281-292]		
2.2.3.		Apply: Ability to assess the family situation, promote family meals, activate fathers/partners, especially with regard to breastfeeding	[226,293-301]		
				2. communication competencies > 2.3. communication: other (inductive)	Section 2.3. provides space for inductively created codes regarding communication.

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				2. communication competencies > 2.3. communication: other (inductive) > 2.3.1. transmitter-receiver model (inductive)	Transmitter-receiver model
				2. communication competencies > 2.3. communication: other (inductive) > 2.3.2. four-ears model (inductive)	Four-ears model, four-ears-four-beaks, four sides of a message, Schulz von Thun
				2. communication competencies > 2.3. communication: other (inductive) > 2.3.3. non-violent communication (inductive)	Non-violent communication, Marshall Rosenberg,
3.	Nutrition counselling competencies			3. nutrition counselling competencies	
3.1.	<i>Ability to apply counselling psychology methods.</i>			3. nutrition counselling competencies > 3.1 Counselling psychological methods	
3.1.1.		Understand: Transtheoretical model (of behavioural change, according to Prochaska and DiClemente)	[302-304]	3. nutrition counselling competencies > 3.1 Counselling psychological methods > 3.1.1 Transtheoretical model of behaviour change	Transtheoretical model (of behavioural change, according to Prochaska and DiClemente)
3.1.2.		Apply: Knowledge of and ability to apply Motivational Interviewing, in consultations with parents, children as well as adolescents	[89,261,287-289, 305-315]	3. nutrition counselling competencies > 3.1 Psychological counselling methods > 3.1.2 Motivational interviewing	Knowledge and ability to apply Motivational Interviewing, with parents, children, and adolescents. The term must be explicitly identified: Motivational Interviewing.

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3.1.3.		<p>Apply: Knowledge and ability to apply counselling psychology methods to promote behavioural change:</p> <ul style="list-style-type: none"> - Agree on realistic goals with patients - Guide self-monitoring - Positive reinforcement, e.g. by providing feedback - Plan longer-term collaboration and progress monitoring (e.g. using self-monitoring) 	[89,261,308,315-323]	3. nutrition counselling competencies > 3.1 Counselling psychological methods > 3.1.3 Goal-setting and self-monitoring	<p>Knowledge and ability to apply psychological counselling methods to promote behavioural change:</p> <ul style="list-style-type: none"> - Agree on realistic goals with patients - Guide patients to self-monitoring - Positive reinforcement, e.g. by providing feedback - Plan longer-term collaboration and progress monitoring (e.g. using self-monitoring). <p>Use code if at least goal setting and/or self-monitoring are mentioned (in the sense of "tracking").</p>
3.1.4.		<p>Apply: Resource- and solution-oriented counselling, especially for action and coping planning (relapse prevention)</p>	[308,316,324-327]	3. nutrition counselling competencies > 3.1. psychological counselling methods > 3.1.4. resource- and solution-oriented communication	Resource- and solution-oriented communication, especially for action and coping planning (relapse prevention). Use code if at least one of the terms is mentioned: Resource-oriented or resource-activating communication and/or solution-oriented or solution-focused counselling.
3.1.5.		<p>Apply: Know the benefits and limitations of nudging. Advise on the use of nudging within the family environment.</p>	[89,328,329]	3. nutrition counselling competencies > 3.1. psychological counselling methods > 3.1.5. nudging	Know the advantages and limits of nudging. Advise on the use of nudging within the family environment.
3.1.6.		<p>Understand: Increased eating disorder risk due to dieting and obesity treatment, particularly for a vulnerable subgroup of people.</p>	[330-338]	3. nutrition counselling competencies > 3.1 Psychological counselling methods > 3.1.6 Diets and the risk of eating disorders	Increased risk of developing eating disorders due to dieting and obesity treatment, particularly for a vulnerable subgroup of people. Use code when, at least theoretically, the connection between dieting and the risk of eating disorders is discussed. This fact should be taken into account in counselling on diet and exercise. Nutritional counselling should always include the promotion of mental health and a healthy body image.
3.1.7.		<p>Apply: Individual and sensitive approach in counselling regarding body weight to promote mental health and a healthy body image.</p>		3. nutrition counselling competencies > 3.1 Psychological counselling methods > 3.1.7 sensitive communication about body weight	Individual and sensitive approach in body weight counselling to promote mental health and a healthy body image. Use the code when practising sensitive handling is explicitly indicated.

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3.2.	<i>Ability to use appropriate materials in counselling.</i>				
3.2.1.		Apply: Ability to utilize suitable counselling materials, such as information material or graphic illustrations, to supplement counselling	[84,279,339,340]	3. nutrition counselling competencies > 3.2 Use of counselling materials	Ability to utilize suitable counselling materials, such as information material or graphic illustrations, to supplement counselling. This includes material such as a plate model or food pyramid, as well as digital applications.
3.2.2.		Understand: Know the possibilities, limits and risks of using digital applications and forms of communication with regard to changing nutritional and eating behaviour.	[89,315,341-347]		
3.3.	<i>Ability to recognise the importance of self-care and self-efficacy of the healthcare professional.</i>				
3.3.1.		Apply: Adequate self-efficacy expectation of the counselling health professional.	[84,132,133,348-355]	3. nutrition counselling competencies > 3.3 Self-care, self-efficacy of the professional	Use code when it is generally addressed that the health professional's self-efficacy expectation is important for opening a conversation about nutrition in the first place. Background: This increases the likelihood that diet/lifestyle factors will be addressed by physicians at all. It also acts as a mediating factor for successful counselling, e.g. by promoting participatory counselling and leading to greater patient satisfaction. The role model function of doctors is an important factor in relation to nutrition
3.3.2.		Understand: Healthcare professional has an influential role model function with regard to lifestyle factors such as diet and exercise.	[89,132,133]		
				3. nutrition counselling competencies > 3.4. counselling: other (inductive)	Section 3.4. provides space for inductively created codes for counselling.
				3. nutrition counselling competencies > 3.4. counselling: other (inductive) > 3.4.1. systemic counselling (inductive)	Relevant terms: systemic counselling, systemic counselling, systemic therapy, systemic attitude, systemics, systemic questioning techniques
				3. nutrition counselling competencies > 3.4. counselling: other (inductive) > 3.4.2. biopsychosocial model (inductive)	Biopsychosocial model

Structure point	Overarching learning objective	Learning objective	References	Code system	Code memo
				3. nutrition counselling competencies > 3.4. counselling: other (inductive) > 3.4.3. other models of health behaviour (inductive)	Health psychology models that aim to represent health behaviour or (lack of) behaviour change, such as the Health Action Process Approach, Rubicon Model, Health Belief Model, Protection Motivation Theory, Theory of Planned Behaviour, Social Cognitive Theory
4.	Nutrition communication through the use of written materials (such as information leaflets)				
5.	Contextual factors				
5.1.		Sufficient time	[84,85,100,352,356]		
5.2.		Sufficient remuneration	[84,85,352,357]		
5.3.		Cooperation with/ access to/ networking with nutritionists	[84,85,89,100,101]		
5.4.		Appropriate documentation software	[84,315,357]		
5.5.		Possibility of regular and long-term support	[279,308,316-320]		
5.6.		Suitable training and further education	[355,358-362]		
				6. nutritional medicine (all inductive)	These are codes added inductively from curricula that do not have a direct primary preventive relation to nutrition.
				6. nutritional medicine > 6.0. nutritional medicine in general	Use code when none of the more specific subcodes listed below apply. The learning objective to be coded in the curriculum may refer to children or adults.
				6. nutritional medicine > 6.0. nutritional medicine in general > 6.0.1. enteral and parenteral nutrition	Use code when none of the more specific subcodes listed below apply, for example because no specific disease is mentioned for which (par)enteral nutrition should be used. The learning objective to be coded in the curriculum may refer to children or adults.
				6. nutritional medicine > 6.0. nutritional medicine in general > 6.0.2. dietary supplements	Dietary supplements in nutritional medicine, e.g. the use of nutrient preparations to compensate for nutrient deficiencies caused by a disease.

Structure point	Overarching learning objective	Learning objective	References	Code system	Code memo
				6. nutritional medicine > 6.0. nutritional medicine in general > 6.0.3. nutrition and medications	e.g. interactions between foods/nutrients and medications.
				6. nutritional medicine > 6.0. nutritional medicine basics > 6.0.4. nutritional medicine surgery	Nutrition before and after surgery (except bariatric surgery; see: endocrinology). Use code only if none of the more specific subcodes listed below apply, for example if no specific disease is mentioned for which nutritional medicine should be applied. The learning objective to be coded in the curriculum may refer to children or adults.
				6. nutritional medicine > 6.0. nutritional medicine in general > 6.0.5. nutritional medicine oncology	Use code when the topic concerns any form of nutrition therapy in the context of oncological diseases, either during or after treatment. Exception: do not use code for nutrition therapy following surgical procedures due to oncological diseases (e.g. status post gastrectomy).
				6. nutritional medicine > 6.1 Hormones and metabolism	Use code when none of the more specific subcodes listed below apply. The learning objective to be coded in the curriculum may refer to children or adults. A clear relation to nutrition must be present, which may be indicated by terms such as nutrition, carbohydrates, nutrient intake, nutritional counselling, dietetics, etc.
				6. nutritional medicine > 6.1. hormones and metabolism > 6.1.1. nutritional medicine for diabetes mellitus	Use code when none of the more specific subcodes listed below apply. The learning objective to be coded in the curriculum may refer to children or adults. A clear relation to nutrition must be present, which may be indicated by terms such as nutrition, carbohydrates, nutrient intake, nutritional counselling, dietetics, etc.

Structure point	Overarching learning objective	Learning objective	References	Code system	Code memo
				6. nutritional medicine > 6.1. hormones and metabolism > 6.1.1. diabetes mellitus > 6.1.1.1. nutritional medicine for type 1 diabetes mellitus	Use code when the curriculum clearly refers to nutritional aspects of type 1 diabetes mellitus, such as the amount and quality of carbohydrates, adjusting medication to nutrition and vice versa, etc. It may refer to children or adults.
				6. nutritional medicine > 6.1. hormones and metabolism > 6.1.1. diabetes mellitus > 6.1.1.2. nutritional medicine for type 2 diabetes mellitus	Use code when the curriculum clearly refers to nutritional aspects of type 2 diabetes mellitus, such as the amount and quality of carbohydrates, adjusting medication to nutrition and vice versa, etc. It may refer to children or adults.
				6. nutritional medicine > 6.1. hormones and metabolism > 6.1.1. diabetes mellitus > 6.1.1.3. nutritional medicine for gestational diabetes	
				6. nutritional medicine > 6.1. hormones and metabolism > 6.1.2. nutritional medicine for thyroid and parathyroid diseases	Use code when the curriculum clearly refers to nutritional aspects of thyroid or adrenal disorders, such as nutrition in thyroid diseases in general, iodine intake, fluid and electrolyte balance, etc. It may refer to children or adults.
				6. nutritional medicine > 6.1. hormones and metabolism > 6.1.3. nutritional medicine for secondary metabolic diseases	
				6 Nutritional medicine > 6.1 Hormones and metabolism > 6.1.3 Nutritional medicine for secondary metabolic diseases > 6.1.3.1 Nutritional medicine for cachexia, sarcopenia, undernutrition and malnutrition	Nutritional aspects of the development and treatment of conditions such as cachexia in geriatrics, disease-related malnutrition, malignancy-associated cachexia, refeeding syndrome, sarcopenic obesity, undernutrition and malnutrition due to reduced intake of proteins and micronutrients, including pellagra, scurvy, dehydration due to insufficient fluid intake (geriatrics), and funicular myelosis (vitamin B12 deficiency), etc.

Structure point	Overarching learning objective	Learning objective	References	Code system	Code memo
				6. nutritional medicine > 6.1. hormones and metabolism > 6.1.3. nutritional medicine for secondary metabolic diseases > 6.1.3.2. nutritional medicine for obesity	Nutritional aspects of the development, prevention, and treatment of obesity, such as energy intake, quality and degree of processing of foods, beverage selection, vegetable consumption, etc.
				6. nutritional medicine > 6.1. hormones and metabolism > 6.1.3. nutritional medicine for secondary metabolic diseases > 6.1.3.3. nutritional medicine after bariatric surgery	
				6. nutritional medicine > 6.1 Hormones and metabolism > 6.1.4 Nutritional medicine for metabolic defects	Use code for nutritional medicine in conditions such as cystic fibrosis, disorders of amino acid metabolism, disorders of glucose metabolism (e.g. galactosaemia, glycogen storage diseases, hereditary fructose intolerance), hyperuricaemia, gout, alcohol-related diseases, and disorders of trace element metabolism (e.g. haemochromatosis, Wilson's disease).
				6. nutritional medicine > 6.2. nutritional medicine: respiratory system	Use code for nutritional medicine in diseases such as chronic obstructive pulmonary disease.

Structure point	Overarching learning objective	Learning objective	References	Code system	Code memo
				6. nutritional medicine > 6.3. nutritional medicine: blood and immunology	e.g. nutritional medicine in infection with the human immunodeficiency virus, dietary recommendations in acute inflammation of the stomach and intestines, prevention of inflammation of the stomach and intestines through hygiene, prevention of infection-related haemolytic uraemic syndrome (e.g. caused by enterohaemorrhagic Escherichia coli) through food hygiene, severe acute respiratory syndrome coronavirus 2 infection (SARS-CoV-2) and its consequences. Exception: 1.2.3.2 Prevention of food-borne infections and intoxications. Iron deficiency anaemia should be coded as "malnutrition."
				6. nutritional medicine > 6.4. nutritional medicine: urogenital system	e.g. nutritional medicine in urolithiasis (such as nutrition in or after kidney stones, fluid intake, prevention of kidney stone formation), kidney insufficiency (acute, chronic, haemodialysis), polycystic ovary syndrome, endometriosis.

Structure point	Overarching learning objective	Learning objective	References	Code system	Code memo
				6. nutritional medicine > 6.5. nutritional medicine: digestive system	Use code for nutritional medicine in all diseases and pathological conditions of the digestive system that are not covered by other codes (such as surgery). This includes, for example: nutritional medicine in reflux oesophagitis, heartburn, Barrett's oesophagus, gastritis (acute and chronic), gastroduodenal ulcer disease caused by Helicobacter pylori, pyloric stenosis, irritable stomach, functional dyspepsia, food allergies including eosinophilic oesophagitis, food intolerances (such as lactose intolerance, fructose malabsorption, histamine intolerance), irritable bowel syndrome (including intolerance to fermentable oligosaccharides, disaccharides, monosaccharides and polyols), coeliac disease and its consequences, chronic inflammatory bowel diseases (Crohn's disease, ulcerative colitis), small and large intestinal diverticula, diverticulosis, diverticulitis, constipation, faecal incontinence, diseases of the liver, gallbladder, or pancreas, small intestinal bacterial or fungal overgrowth, and chewing and swallowing disorders (in general or without specification of the cause).
				6. nutritional medicine > 6.6. nutritional medicine skin	Nutritional medicine in atopic dermatitis, rosacea, psoriasis, etc.

Structure point	Overarching learning objective	Learning objective	References	Code system	Code memo
				6. nutritional medicine > 6.7. nutritional medicine cardiovascular diseases	Nutritional medicine aspects related to the prevention and treatment of: dyslipidaemia, hypercholesterolaemia, hypertriglyceridaemia, disorders of lipid metabolism, arteriosclerosis, atherosclerosis, peripheral arterial occlusive disease, primary or essential hypertension, coronary heart disease (stable or acute), angina pectoris, myocardial infarction, heart attack, status post myocardial infarction, stroke, status post stroke. These conditions have been grouped together because there are major overlaps in aetiology, nutritional medicine, and dietetic management, which cannot be clearly separated.
				6. nutritional medicine > 6.8. nutritional medicine musculoskeletal, soft tissue	Nutritional medicine aspects of inflammatory rheumatic diseases, osteoporosis, osteomalacia, rickets, etc.
				6. nutritional medicine > 6.9. nutritional medicine nervous system and psyche	
				6. nutritional medicine > 6.9. nutritional medicine nervous system and psyche > 6.9.4. eating disorders	Diagnosis and treatment of eating disorders, such as anorexia nervosa, anorexia, bulimia nervosa, bulimia, binge eating, binge eating disorder, avoidant-restrictive food intake disorder, pica, etc. Symptoms and early detection are classified under nutritional psychology in the primary prevention section (1.4.1.5).
				6. nutritional medicine > 6.9. nutritional medicine nervous system and psyche > 6.9.2. other	Nutritional medicine aspects in intoxication and addiction, such as alcohol and drug use, as well as nutritional medicine in somatoform disorders, somatisation disorders, somatoform autonomic dysfunction, epilepsy, epileptic seizures, depression, depressive disorders, and all other disorders of the psyche and/or nervous system that are not attributable to an already listed underlying disease.

Structure point	Overarching learning objective	Learning objective	References	Code system	Code memo
				6. nutritional medicine > 6.10. Pathological problems with breastfeeding	Use code when the topic concerns pathological problems related to breastfeeding, such as breastfeeding refusal. Codes for specific diseases (e.g. pyloric stenosis) already exist under "Nutritional medicine of the digestive system" (6.5).

etc.- et cetera; e.g.- for example

Inductive codes are highlighted in light grey.

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