

aN Eu Curriculum for chef gasTro-engineering in primAry food caRe



CONTENT

NECTAR DID NOT COME OUT OF THE BLUE. *P.2*

A BRIEF INTRODUCTION TO THE NECTAR
PROJECT. *P.3*

THE CHEFS GASTRO-ENGINEERING (CGE)
OCCUPATIONAL PROFILE. *P.4*

FOCUS ON A PILOT REGION: GRAZ, AUSTRIA. *P.5*

THE CHEF GASTRO-ENGINEERING AT WORK -
TASTE CENTRES. *P.6*

INTEGRATED LIFESTYLE INTERVENTIONS FOR
ACTIVE AND HEALTHY AGEING IN COMMUNITY
DWELLING OLDER ADULTS. *P.7*

SELECTIVE TASTE MANAGEMENT: A SELF CARE
INTERVENTION FOR CANCER OUTPATIENTS
SUFFERING CHEMOTHERAPY-INDUCED
DYSGEUSIA. *P.8*

WELCOME

Welcome to the first edition of the NECTAR newsletter. The NECTAR project commenced in November 2020 and it has been a very busy period for all the partners in ensuring the foundations were laid for a successful project. The Newsletter provides an opportunity to you to learn about the project, who the consortium are, what we have been doing, and upcoming events.

If you want to keep up-to-date with what is happening in the project visit our website www.nectar-project.eu, and subscribe to our Newsletter.

NECTAR DID NOT COME OUT OF THE BLUE

By Bart Geurden, Center for Gastrology & Primary Food Care - University of Antwerp Faculty of Medicine and Health Sciences. Belgium.

The origins of NECTAR were born during the Thematic Workshop on “Lifespan Health Promotion & Prevention of age-related frailty and disease”, organised by the RSCN and the EIP on AHA A3 Action Group in Rome during December 2019.

During the Workshop, held in the beautiful surroundings of Sala Benedetto XIII, Via San Gallicano, Rome there was a successful demonstration of taste steering of common food to prevent age related frailty and disease. Demonstrators were Martijn van Gemst and Alex van den Doel (The Netherlands) and Lobke Van den Wijngaert (Belgium), all of whom are graduates in Chefs Gastro-Engineering (CGE) and are active members of the Three Rivers Delta EIP on AHA Reference Site. The session was coordinated by Edwig Goossens, Director of the Center for Gastrology and Primary Food Care (Belgium) who is also the founder of the taste steering concept and inspirer of many other innovations in primary food care.

Together with all delegates present at the Workshop, a group of elderly Italians participated in this event. All participants were full of praise for the delicious taste sensations they experienced. The RSCN members of various EIP on AHA Reference Sites in attendance were impressed with the knowledge and skills displayed by the CGEs.

That evening, during the network dinner, the level of education and the role of a chef working in healthcare was discussed and challenged. Some delegates emphasized that the current education programmes for Chefs and Cooks often does not meet individual health and care needs,

especially in elderly care. It was also recognised that education programmes differ greatly across EU Member States. The private training for CGE, in Leuven (Belgium), which has existed for more than ten years, has been recognised as a 'good practice'.

This training is organized in collaboration with Odisee University of Applied Sciences and provides certified CGEs every year. During the discussions over dinner the seeds of a project were sown which would build on the 'good practice' as a basis for creating a European CGE curriculum. A consortium of partners was formed, and the concept was subsequently elaborated in an Erasmus+ project: NECTAR



A BRIEF INTRODUCTION TO THE NECTAR PROJECT

By John Farrell. RSCN Head of Policy and Operations.

What is NECTAR?

NECTAR is a Sector Skills Alliance project that addresses the identified mismatch between the skills currently offered by cooks and chefs working in hospitals, residential care and homecare and those actually demanded by healthcare institutions, private service providers and final end users in order to play a pivotal role in Primary Food Care (PFC).

Based on a “culinary/ clinical integrated approach”, NECTAR will deliver an **EU Occupational Profile for Chef Gastro Engineering and an EU Curriculum for the certification of this profile. Chef Gastro-engineering (CGE)** will be an innovative and pivotal figure in PFC, skilled on food management and kitchens coordination, addressing end-users needs such as taste deteriorations/ alterations, swallowing and chewing problems, personalizing recipes and cooking processes; CGE will have the technical skills to use various ICT tools for older adults’ home monitoring and personalization of care. CGE Curriculum will be an European, innovative, learning outcome-oriented and modular one. Thanks to its flexibility and modularity, the Curriculum could be instantiated in national Curricula, considering local and contextual constraints. The Curriculum will be tested through 5 pilots courses delivered in Belgium, Portugal, Austria, and Italy.

The Project’s Objectives are:

- To increase the specialization level of cooks and chefs working in Primary Food Care (PFC)
- To foster the development of curricula for specialized chefs in PFC referring to a formalized EU profile fitting the actual and current needs of PFC
- To enhance investments on specialized chefs in PFC

Who are the NECTAR Partners?

NECTAR brings together partner organisations representing Education and Training, Regional Public Administration, SMEs, Research, Health and Care Provision, NGO’s, and the Labour Market.

Project co-ordination is provided by: Odissee vzw (Belgium) and the other partners on the project are:

VET Providers & Adult education

- Santa Casa Da misericordia de Albufeira (Portugal)
- Universidade Do Algarve (Portugal)
- Fondazione ITS-BACT (Italy)
- Medizinische Universität Graz (Austria) IPSSAR Marco Polo (Italy)

Public Bodies

- Regione Liguria (Italy)
- Regione Campania (Italy)

Non-governmental organisation/association

- EIP-AHA Reference Sites Collaborative Network (Belgium)

SME’s

- SI4Life (Italy)
- Wiener Institut für Arbeitsmarkt- und Bildungsforschung (Austria)

Labour Market

- Wirtschaftskammer Steiermark (Austria)

Associated Partners

- Netherlands: Vitalis Group | Tantelouise | Zorgwaard
- Belgium: Van Rhay cvba Center for Gastrology | ILVO | Primary VZW
- Denmark: The Copenhagen Professionshøjskole
- Italy: ALISA - Azienda Ligure Sanitaria
ALFA - Azienda regionale per il Lavoro, la Formazione e l’Accreditamento

THE CHEFS GASTRO-ENGINEERING (CGE) OCCUPATIONAL PROFILE

By Marjolein Winters, former NECTAR Project Manager.

The CGE is a completely new profession in healthcare that aims to produce tasty, healthy and safe meals for those with high care needs. Working in an interdisciplinary team, the CGE contributes to improved quality of life of clients. The new CGE Occupational Profile was created by:

- **i.** analysing different profiles for cooks and chefs in ESCO
- **ii.** studying best practices on existing training initiatives and curricula for cooks in PFC and
- **iii.** organising different workshop with the NECTAR partners and relevant stakeholders.

This three-step approach enabled 7 Key CGE Activities to be identified. These were then divided into 27 Core Competences. The 7 Key CGE Activities are:

- **1.** Manage suppliers and procure sustainable food ingredients (linked to 4 competences),
- **2.** Screen, assess and monitor at client-level (linked to 5 competences),
- **3.** Create recipes for a general population and for people with specific needs, complying with recommendations of health professionals (linked to 5 competences),
- **4.** Manage the kitchen and coordinate personnel (linked to 4 competences),
- **5.** Ensure quality of food and follow safety regulations (linked to 3 competences),
- **6.** Use and adapt cooking techniques to the specific care setting and client (linked to 4 competences) and
- **7.** Communicate, interact and collaborate with clients and interprofessional team (linked to 3 competences).

The new Occupational Profile provides the definition, key activities and core competences that are needed for the CGE on a daily basis and serves as a basis for developing the European modular curriculum. The curriculum will be developed at EQF5 level, but is flexible and can be adapted to EQF3 or EQF4, depending on the context.



FOCUS ON A PILOT REGION: GRAZ, AUSTRIA

In this edition we take an overview of some of the work being undertaken in Graz, Austria.

By Valentina Wagner (BSc MA, Scientific project manager) and Regina Roller-Wirnsberger (Professor of Geriatric Medicine and Competence Based Curricular Development), Medical University of Graz.



Left to right: Valentina Wagner (MUG), Regina Roller-Wirnsberger (MUG), Christian Kolbl (STYCC), Martina Sonnleitner (WIFI)

The NECTAR project is focused on developing a modular curriculum for chefs in healthcare that can be adapted on national level for European Union Member States. To ensure the effectiveness of the curriculum it will be tested in five pilot courses during the project period: two in Italy, one in Belgium, one in Portugal and one in Austria. Each pilot project will be slightly different due to the myriad of structural and organizational requirements in these four countries; however, the rich expertise and know-how of key stakeholders will contribute to the project sustainability.

In Austria, the consortium partners, the Gastronomy Section of the Styrian

Chamber of Commerce (STYCC) and the Medical University of Graz (MUG), are working together in a collaboration to design and deliver the regional pilot. STYCC is representing the interests of cooks, which makes them an essential collaborator in the Styrian region. The pilot is supported by another important stakeholder, the Economic Development Institute in Styria (WIFI). WIFI is the institute for education and training of cooks in Austria offering already existing courses for cooks in healthcare. Existing postgraduate qualifications from WIFI will be translated into a vocational education and training specialization course delivered by MUG, addressing detected qualification needs and integrating the

professional group of cooks into the continuum of healthcare provision.

Higher regional recognition and awareness of an inter-disciplinary approach in the context of health and social care delivery will be achieved on regional and national level through broad dissemination of the project to important stakeholders by STYCC and across Europe by the project communication and dissemination working group. The pilot region Styria will take a national pioneering role in this regard and the course bears the potential to be scaled-up in Austria and the German-speaking area after successful pilot testing.

THE CHEF GASTRO-ENGINEERING AT WORK – TASTE CENTRES

By Annelore de Cock (Chef, independent), experienced in the field of Primary Food Care, Belgium.

Taste Centres (Dutch: Smaakcentra “SsC”) are blooming and following the ScC in Belgium and the Netherlands, a collaboration between ScC and two hospitals has also started in Belgium. Two accredited CGEs - who already operate their own ScC - will provide personal consultations.

Both chefs undertook the CGE education program at the Center For Gastrology and Primary Food Care, founded by Edwig Goossens. They have gained the knowledge and experience to conduct ‘taste tests’ and to steer recipes according to a patient's taste. To do this, they collaborate with VZW primary and work with an innovative patient platform (GPFC), which is developed for and with CGEs.

- **But how do those taste tests work in practice?**

Patients, who have experienced taste changes as a result of chemotherapy, can sign up for a taste test. This test shows - with the help of a so called ‘O-box’ - what the patient likes or does not like anymore. Based on the taste profile that resulted from this test, the CGE creates a taste-driven (bread) recipe. Besides taste, the chef also takes into account the patient's shopping preferences and budget constraints. After that, the patient or his (informal) carer can cook meals according to the personalised recipes at home.

- **Where can we find those ScC?**

On 15th September, CGE Peter Boeren established a ScC at the Lourdes Hospital in Waregem. In addition to receiving two taste-driven bread recipes, the patient can also receive a bread oven on loan. Peter Boeren is situated at ‘Smaakcentrum S2 Smaken smaken’ at the Brusselse Steenweg 76 9090 in Melle, Belgium.

CGE Lobke Van den Wijngaert took over at the General Hospital, Voorkempen on 22nd September where she offers consultation and coaching to patients experiencing any changes in taste. Lobke Van den Wijngaert is owner of LiveEatTaste Smaakcentrum, situated at Statiestraat 131 2070 in Zwijndrecht, Belgium.

Both hospitals have provided the necessary funds to ensure this specific service can be offered to patients for free. By implementing ScC in hospitals, patients can go to the hospitals they're already familiar with in their own neighbourhood, benefiting from a wide range of expertise.

These ScC are living proof that the CGE is increasingly finding its place in Primary Food Care!



INTEGRATED LIFESTYLE INTERVENTIONS FOR ACTIVE AND HEALTHY AGEING IN COMMUNITY DWELLING OLDER ADULTS

By Maddaleana Illario (RSCN Co-Chair, MD, PhD), R&D, AOU Federico II, Department of Public Health, Federico II Medical School.

An evidence-based patient-centred approach was at the heart of a joint webinar hosted by RSCN, ProMIS, and Federico II Unesco Chair and Department of Public Health on 28th September 2021. International experts from the RSCN thematic working group on “Health promotion & disease prevention with a lifecourse approach” have been focusing on addressing the issues arising from demographic change that were made worse by the COVID 19 pandemic. In line with the 2020-2030 Decade of Healthy Ageing, the conversation focused on the tools available for early identification of frailty. Participants highlighted links to interventions targeting the different domains of frailty in older adults: cognitive, nutritional/food, physical, and social. It was recognised that innovative digital interventions, including sensor technologies, mHealth tools, AI etc, for the different frailty domains remain under development.

A key role in lifestyle interventions for active and healthy ageing is played by food intake, as malnutrition and unintentional weight loss contribute to progressive decline in health, reduced physical and cognitive functional status which can lead to increased utilization of health care services, premature institutionalization, and increased mortality. Nonetheless, many health care practitioners inadequately address the multifactorial issues that contribute to nutritional risk and malnutrition. An innovative strategy to prevent and tackle malnutrition is set out in the Screening-Assessment and Monitoring-Pyramid-Model (SAM-AP)

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3396084/>), showing the ranking of variables or tools needed to screen, assess, monitor, and treat malnutrition. Based on SAM-AP, the NECTAR project, co-funded by the Erasmus+ Programme of the European Union, commenced in November 2020 to address the identified mismatch between the skills currently offered by cooks and chefs working in hospitals, residential care and homecare, and those actually demanded by healthcare institutions, private service providers and final end users in order to play a pivotal role in Primary Food Care (PFC).

Future research and interventions to prevent frailty will need to utilise a public health approach to identify those at risk: programmes such as the PERSSILAA pre-frailty pathway and the SUNFRIL tool will guide researchers examining those with specific risks, and similar approaches could be scaled up in community settings. Our challenge is the integration between social and health care interventions, and the adoption and scale-up of the new instruments for care continuum involving new professional figures for active monitoring and home services. Ultimately, combination therapy with an emphasis on prevention and early intervention at reversible stages is likely to be the most effective, though further research is required before clear intervention pathways can be developed.



SELECTIVE TASTE MANAGEMENT: A SELF CARE INTERVENTION FOR CANCER OUTPATIENTS SUFFERING CHEMOTHERAPY-INDUCED DYSGEUSIA

Marleen Corremans, et al., 2021. Selective Taste Management: A Selfcare Intervention for Cancer Outpatients suffering Chemotherapy-Induced Dysgeusia. Int J Cancer Treat 4: 2

Corresponding Author : Bart Geurden ORCID: <https://orcid.org/0000-0002-7922-3738>

DOI : [10.21203/rs.3.rs-321953/v1](https://doi.org/10.21203/rs.3.rs-321953/v1)

Malnutrition in cancer patients can be directly caused by chemotherapy induced taste alterations (dysgeusia). Through their pilot study, the authors aimed to demonstrate in particular the effect of an innovative gastrological approach on the taste perception of bread as well as the feasibility of this approach for cancer outpatients. A total of 112 patients participated, of which 54 baked personalized bread at home and 58 in the control group. When applying selective taste management to overcome chemotherapy induced dysgeusia, authors have shown promising and clinically relevant results. As authors point out : « This innovative gastrological self-care intervention is very promising and should be studied more in depth using whole meals in a larger cancer outpatients population. ».

The publication is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



Co-funded by the
Erasmus+ Programme
of the European Union

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

AGREEMENT NUMBER – 621707-EPP-1-2020-1-BE-EPPKA2-SSA