

Dietetic Practice and Education

Factors Affecting Subjective Global Assessment use by Northern Ontario Dietetic Internship Program (NODIP) Preceptors

C. Green¹, F. Tropea¹, L. Rysdale², N. Hogan¹

¹Northern Ontario Dietetic Internship Program, Northern Ontario School of Medicine, Thunder Bay, ON,

²Northern Ontario Dietetic Internship Program, Northern Ontario School of Medicine, Sudbury, ON

Introduction: Half of adult patients admitted to Canadian hospitals are malnourished and 75% of cases go undiagnosed. The Subjective Global Assessment (SGA) tool is the gold standard for diagnosing malnutrition. Northern Ontario Dietetic Internship Program (NODIP) interns receive SGA training, yet preceptor uptake is unknown.

Objectives: This study aimed to determine SGA use by Registered Dietitians (RDs) and the barriers and facilitators informing implementation.

Methods: A convenience sample (n=200) included RDs in the NODIP catchment of Northern Ontario working in clinical practice settings; 91 based in hospitals and 19 in Long Term Care. The RDs were recruited using consented email addresses from the NODIP preceptor contact database. A 24-item online survey (Qualtrics©) was developed from literature, pre-tested (n=3) and distributed via email. Survey questions measured RDs' attitudes and adoption of the SGA tool. Analysis included descriptive statistics of quantitative data and thematic analysis of open-ended questions.

Results: Response rate was 35% (n=70) of which 54% preceptor interns annually and 54% (n=38) worked in hospitals. Although many RDs (86%) agree SGA is effective, only 36% (n=25) use it in practice. Of the SGA users, the majority work in hospital settings (53%, n=20). Most SGA users had less than 5 years of experience (55%, n=11). Of those with more than 30 years of experience, 80% were SGA users (n=4). Many RDs (67%) want SGA training for themselves and interns (74%). Barriers to uptake included inadequate training, organizational support, and recognition within intra-and-interprofessional teams.

Conclusion: Results inform NODIP curriculum as training preceptors and learners may increase SGA use. Limitations include a small sample size; therefore, results may not be generalizable.

Significance: Results reveal current SGA uptake by clinical RD preceptors. These results can inform SGA implementation by RDs, particularly NODIP preceptors, dietetic interns and interdisciplinary teams.