Developing Evidence-based, Client-centred Nutrition Education Practice Points

CFDR funding: 2005

Catherine Morley, PhD, RD, FDC West Vancouver, BC

Background

- Career long curiosity about eating behavior and behaviour change
- Doctoral research on meanings of eating with changed health status
 - Developed categories of 'life the same' (LS) or 'life altered' (LA) conditions
 - LS adjusted to new routines; activities unchanged; family adopted new diet
 - LA daily activities completely altered; family meals took on greater significance
 - Raised questions about nutrition education approaches for people with these conditions
- Recruited colleagues to collaborate on a CFDR application for this project (including D. MacLellan for her research on client-centered nutrition education)

Research Team

- Deborah MacLellan, PhD, RD UPEI
- Karol Traviss, MSc, RDUBC
- Theresa Cividin, MA, RD Vancouver Coastal Health
- Catherine Rocheleau, MBA, RD
 NutritionLink Services Society of BC (sponsor)

Advisory Group

- Angela Dufour, MEd, RD
 OH Armstrong/Compass-Canada, Halifax
- Ryna Levy-Milne, PhD, RD
 UBC/BC Cancer Agency, Vancouver
- Victoria Pawlowski, MEd, RD
 Capers Markets, Vancouver

<u>Purpose</u>

- to develop guidelines* to inform nutrition education practice and training
- to connect 'guidelines' to health status
- to build capacity for dietetic research (connect novice and seasoned researchers)

^{*} We did not know if we would get 'guidelines' per se

Why?

We know that:

Knowledge ≠ Behaviour

Wanted a better understanding of what type of information and delivery approaches would have impact.

Why? (continued)

Dietary cacophony:

The multiple and often conflicting messages (or 'noise') that people experience about what they 'should' eat.

We should help, not add to, the noise.

Why? (continued)

Preparation for nutrition education/counselling

- varies (from nothing to entire courses)
- based on:
 - instructors' views
 - one or more theories
 - a mishmash

...not standard or defined

Best summed up with:

"Don't try to teach someone who is dead."

...we wanted to develop research-derived 'guidelines' to support practice, education and research

4-Phase Approach

Phase 1: Dietitian online survey

Phase 2: Consumer national online survey

Phase 3: Dietitian telephone discussion groups

Phase 4: Dissemination

Phase 1: Dietitian Survey

(June 2006)

To:

- get insights into approaches to nutrition education/counselling practice based on health status
- gather feedback on our terms and ideas
 - 'life altered' and 'life the same'
 - meanings of 'needs' and 'preferences'

Phase 1: Dietitian Survey

- N = 442
- National representation; varied ages, years of practice (57% > 10 years), practice settings
- Confirmed health status categories (suggested renaming or describing)
- Articulated definitions for 'needs' (content) and 'preferences' (delivery approach)
- Confirmed the complexity of nutrition counselling/education and dietitians' highly developed skills in this area

Phase 2: Consumer Survey

(Fall 2006)

To:

- Learn about consumer needs and preferences for nutrition education relative to self-identified health status including:
 - No chronic conditions ('normal')
 - Chronic conditions with few to no symptoms; daily life not affected
 - Chronic conditions with symptoms that affected daily life

Phase 2: Consumer Survey

- N = 680 (mostly female; university educated; < 50 years old)
- 50% without medical conditions
- higher than average incomes
- computer access; able to use them

Phase 3: Dietitian Discussion Groups

(Spring 2007)

- 4 groups; 2 calls scheduled one month apart
- Round 1: To review consumer survey findings; discuss relevance for nutrition education
- Round 2: To review summary of 1st round of discussion groups and emerging practice points

Phase 3: Dietitian Discussion Groups

- N = 18
- Ranged from 6 months to 30 years experience; across Canada; range of practice areas
- Developed "Collaborative Client-Centred Nutrition Education" (3CNE) practice points
- Participant enthusiasm that:
 - we had 'captured' their discussions
 - others offered similar input
 - practice points reflected practice realities

They wanted to use them immediately with interns!

Phase 4: Dissemination

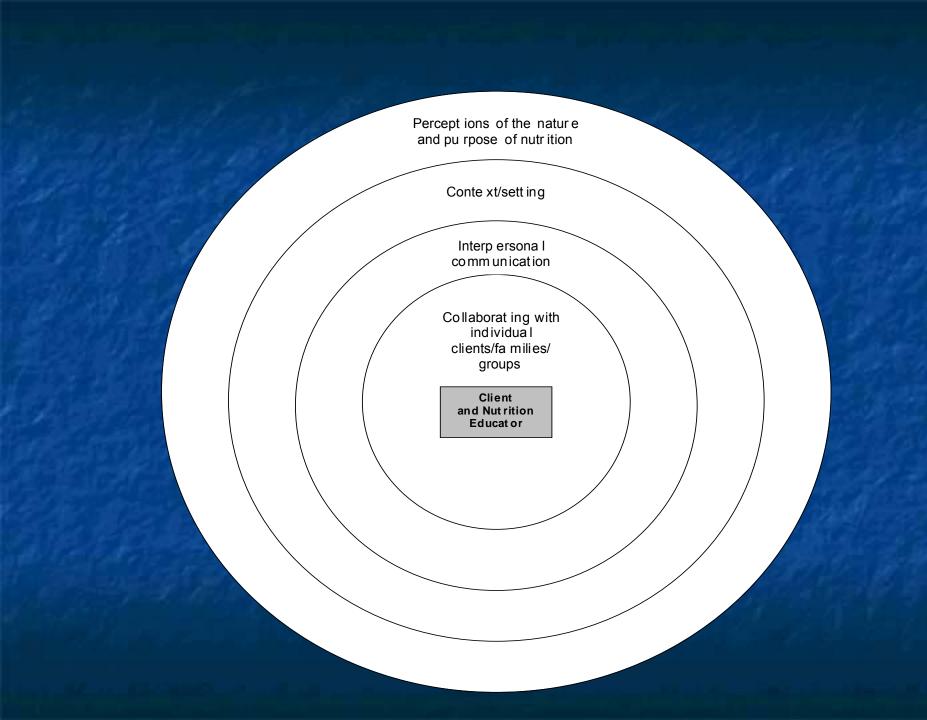
- CFDR Research Events at Dietitians of Canada conferences (2006; 2007; 2008)
- Atlantic (2008) and BC (2009) Regional DC conferences
- Canadian Inventory of Nutrition, Dietetics and Applied Research
- Journal of Nutrition Education and Behavior (Phases 1 and 2)
- Canadian Journal of Dietetic Practice and Research (Phase 3)

Research 'Product'

Collaborative Client-Centered Nutrition Education Practice Points (3CNE)

(4 concentric circles as 'nested bowls'; client/dietitian at centre)

- One's perceptions of the nature and purpose of nutrition education
- 2. Context/setting
- Interpersonal communication (focus on work with clients but essential for all work in dietetics)
- 4. Collaborating with individual clients, families and groups.



The 3CNE represents:

the swirl of ideas and information processing that goes on in the mind of a nutrition educator

Simultaneously:

- information gathering about a client
- assessing nutritional status
- assessing learning needs
- planning the nutrition message and delivery approach
- sustaining a conversation.



- a foundational document for dietetics education
 - university; internship; professional development
- a conceptual framework for research
 - about training; dietitians' perceptions, practices, and contexts
- national and international application
 - no such document exists elsewhere



Online surveys:

- Dietitian survey was worthwhile (good feedback; lots of it)
- Consumer surveys not so (unless one wants to learn about people who typically respond to e-surveys)

Value (continued)

Teleconferenced Discussion Groups:

- active, engaged participants
- enthusiastic
 - part of the solution to a practice challenge (as educators and preceptors)
 - feeling their voices were heard
 - part of the research process

Thank you!

As a CFDR grant recipient, I was able to:

- further my program of inquiry
- work with colleagues, near and far
- enhance my community of research practitioners
- involve other dietitians new to research (help them link research and practice)
- generate questions for future research
- generate concepts for film and other projects.

Thank you!

catherine.morley@gmail.com