

The Dietitian in Clinical Practice

COURSE: CHAPTER 4

BOOK: CHAPTER 6

Introduction

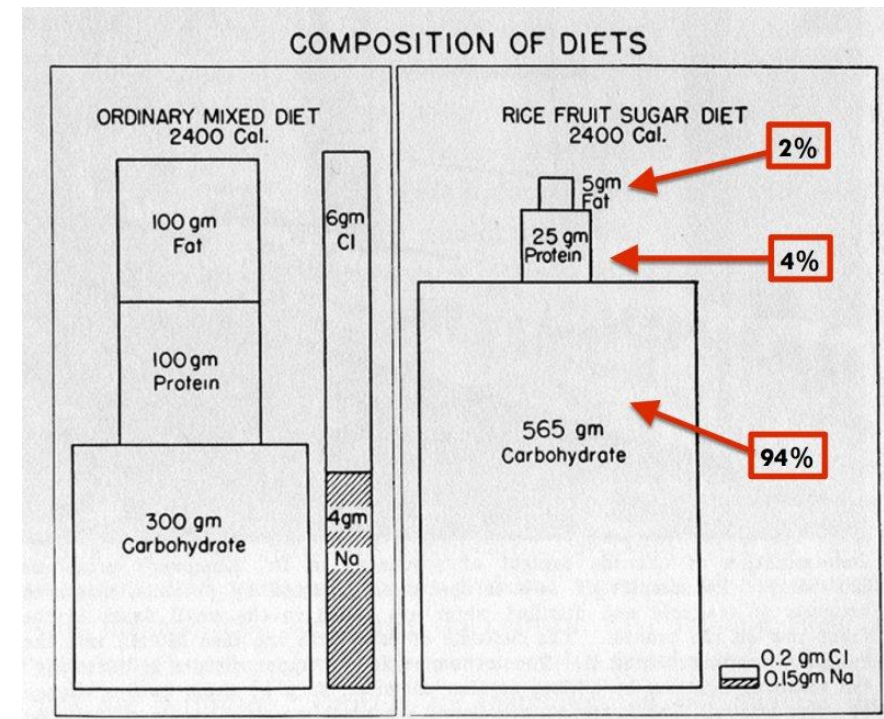
- ❖ The discipline of clinical dietetics originated in 1899 when *dietitian* was defined by the American Home Economics Association as “individuals with a *knowledge of food who provide diet therapy for the medical profession.*”
- ❖ After 1917 they belonged to the newly formed American Dietetic Association.
- ❖ The earliest dietitians worked primarily in hospitals or were associated with food-assistance programs.
- ❖ 1930s & 1940s: dietitians became involved in either food production and food service or in the planning and provision of diets for special medical needs.

Introduction

- ❖ Therapeutic dietitian, was used to describe the person who *provided food for medical reasons*, such as the prevention of a nutrient deficiency or to help with the treatment of disease
- ❖ Examples: Sippy Diet & Kempner Rice Diet

Introduction

- Sippy diet: a bland diet for the treatment of peptic ulcer consisting mainly of measured amounts of milk and cream, farina, and egg taken at regular hourly intervals for a specified period of time
- Kempner Rice diet: a radical diet consisting of only white rice and fruit, in the hopes of reducing blood pressure, improve kidney failure, heart failure and other manifestations of this previous illness.



Introduction

- ❖ The title, clinical dietitian, replaced the former titles.
- ❖ Role: *providing specialized care and modifying diets to treat various medical conditions*
- ❖ In the early 1970s, reports of widespread *malnutrition* among hospitalized patients helped to increase the visibility of clinical dietitians.
- ❖ Dietitians began to take a more active role in screening and monitoring patients along with the provision of nutrition support
- ❖ Development of individual nutrition care plans became important functions
- ❖ As the etiology of *chronic disease* became better defined, clinical dietitians began participating in the prevention of diseases.

Employment Setting

The primary areas of clinical practice are as follows:

1. Acute care/inpatient

- a. Hospitals

2. Ambulatory care

- a. Hospital outpatient departments
- b. Clinics
- c. Outpatient care centers

3. Long-term care

- a. Nursing homes
- b. Assisted living facilities
- c. Alzheimer's disease units

Employment Setting

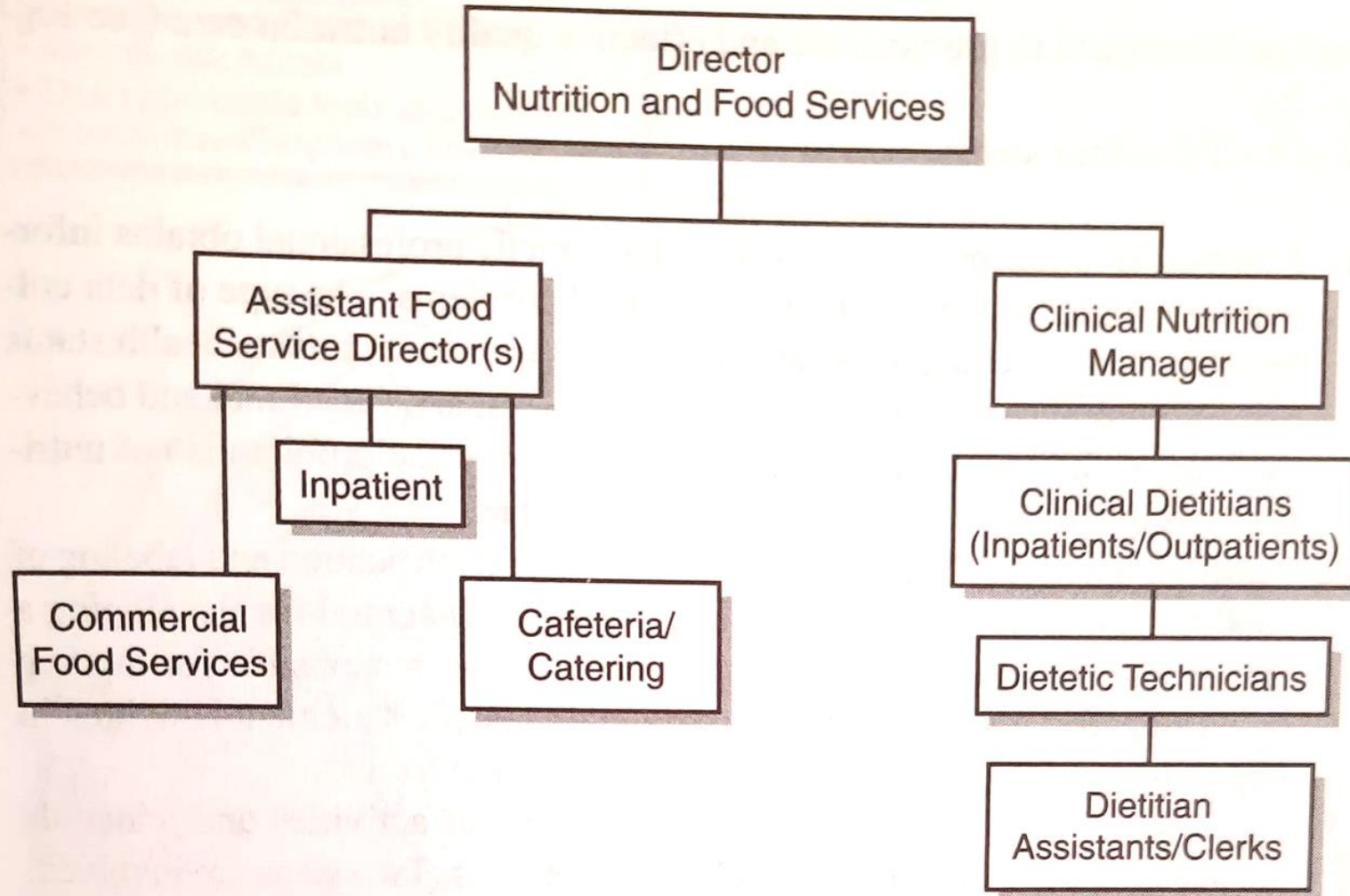
Table 6-2. Highest Number of Positions in Clinical Practice—RDs

	RDs (%)
Clinical dietitian	16
Outpatient dietitian, general	5
Outpatient dietitian, specialist—diabetes	3
Outpatient dietitian, specialist—renal	3
Clinical dietitian, long-term care	8
Women, infants, and children nutritionist	5
Director of food and nutrition services	4
Public Health Nutritionist	3

Organization of Clinical Nutrition Services

1- In most hospitals, clinical nutrition services are managed by the **director of clinical nutrition**, or the **chief clinical dietitian**. clinical dietitian reports to an individual whose primary responsibilities are overall management of the entire **food and nutrition department**

Advantages: Combining clinical nutrition with food services can facilitate communication regarding patient food choices and menus.

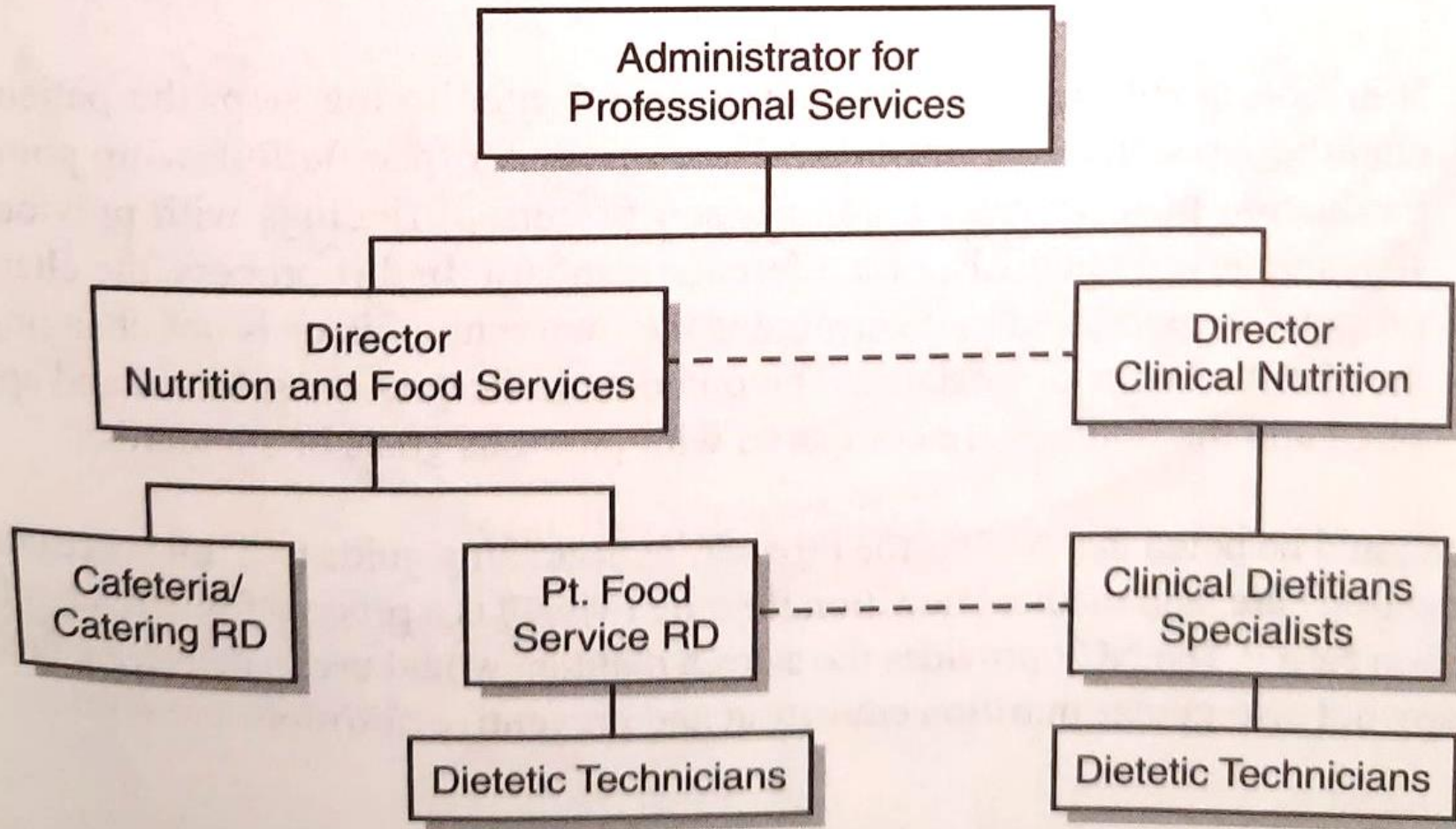


a. Clinical Nutrition within a Nutrition Department

Organization of Clinical Nutrition Services

2- In others, **clinical dietetics** may be organized as a separate department that reports to an executive or administrator with other patient care responsibilities such as nursing or pharmacy.

Advantages: clinical nutrition as a separate department may increase visibility as an important patient care service unit distinct from food service.



b. Clinical Nutrition within a Separate Department

Responsibilities in Clinical Dietetics

1. Nutrition Care Process and Model

- ❖ NCP: systematic problem-solving methods that dietetic professionals use to critically think and make decisions to address nutrition-related problems and to provide safe and effective quality nutrition care.
- ❖ Developed by the Quality Management Committee of the Academy of Nutrition and Dietetics

NCP Steps

A. Nutrition assessment

Collect, record, and interpret relevant data from patients, clients, family members, caregivers, and other individual groups is undertaken.

Examples: food and nutrition related history, anthropometric measurements, biochemical data, medical tests and procedures, nutrition-focused physical examination findings, and client history.

NCP Steps

B. Nutrition diagnosis

Nutrition professionals identify and label existing nutrition problems they are responsible for treating independently. The determination for continuation of care follows this step.

NCP Steps

C. Nutrition intervention

Action is taken with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status.

This entails writing a plan of care, collaborating with the patient or client to identify goals of the interaction, and partnering with the patient and other caregivers to carry out the plan.

NCP Steps

D. Nutrition Monitoring & Evaluation

In this final step, the amount of progress is identified and whether the goals and expected outcomes are being met is determined.

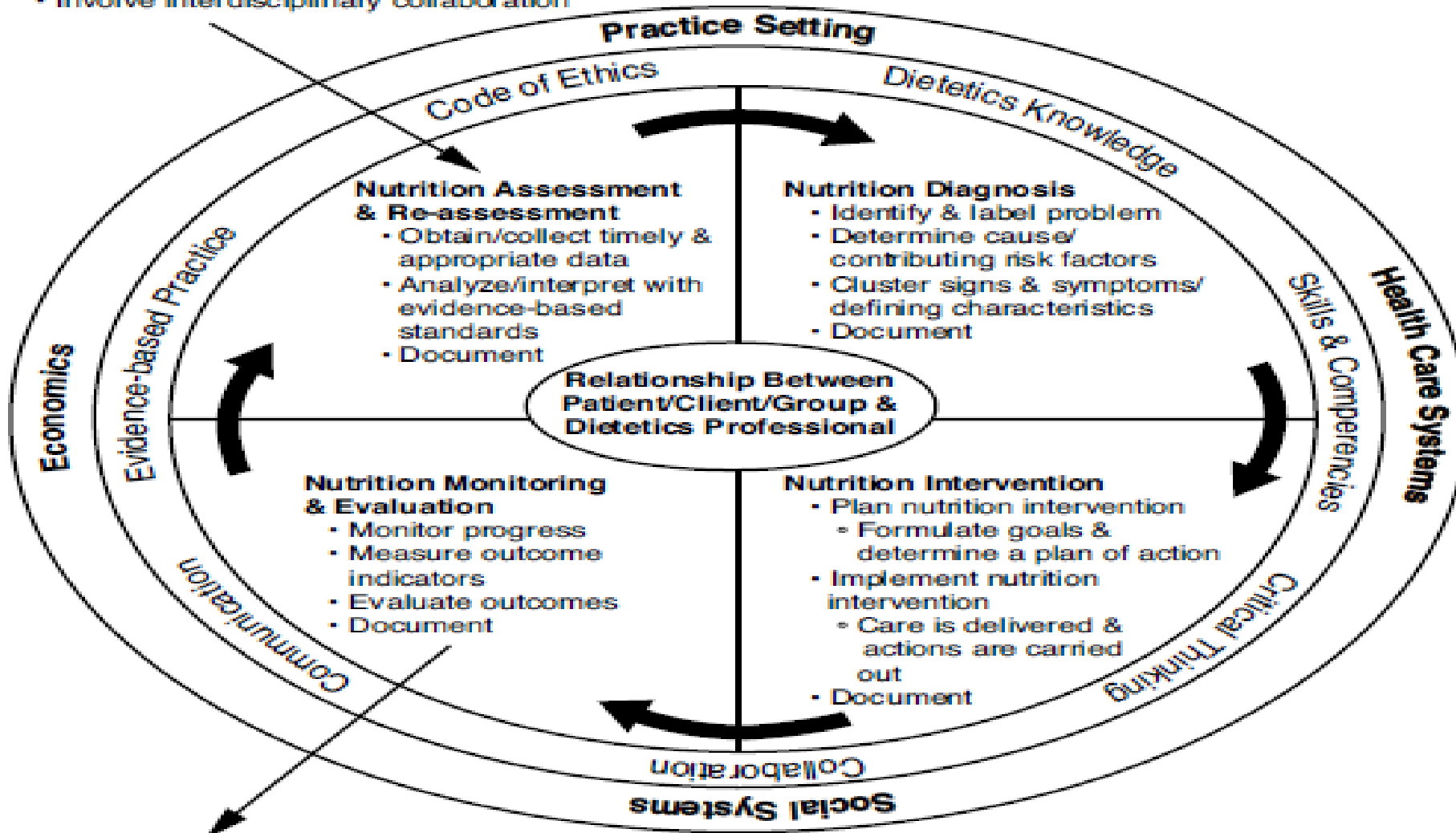
Three steps are involved, which are as follows:

- a) Monitor progress.
- b) Measure the outcomes.
- c) Evaluate the outcomes by comparing to earlier status or reference standards.

Screening & Referral System

- Identify risk factors
- Use appropriate tools and methods
- Involve interdisciplinary collaboration

The Nutrition Care Process



Outcomes Management System

- Monitor the success of the Nutrition Care Process implementation
- Evaluate the impact with aggregate data
- Identify and analyze causes of less than optimal performance and outcomes
- Refine the use of the Nutrition Care Process

Responsibilities in Clinical Dietetics

2. Medical Nutrition Therapy (MNT)

MNT: all *diagnostic, therapeutic, or counseling* services provided by an RD for management or treatment of any disease, condition, disorder, or illness

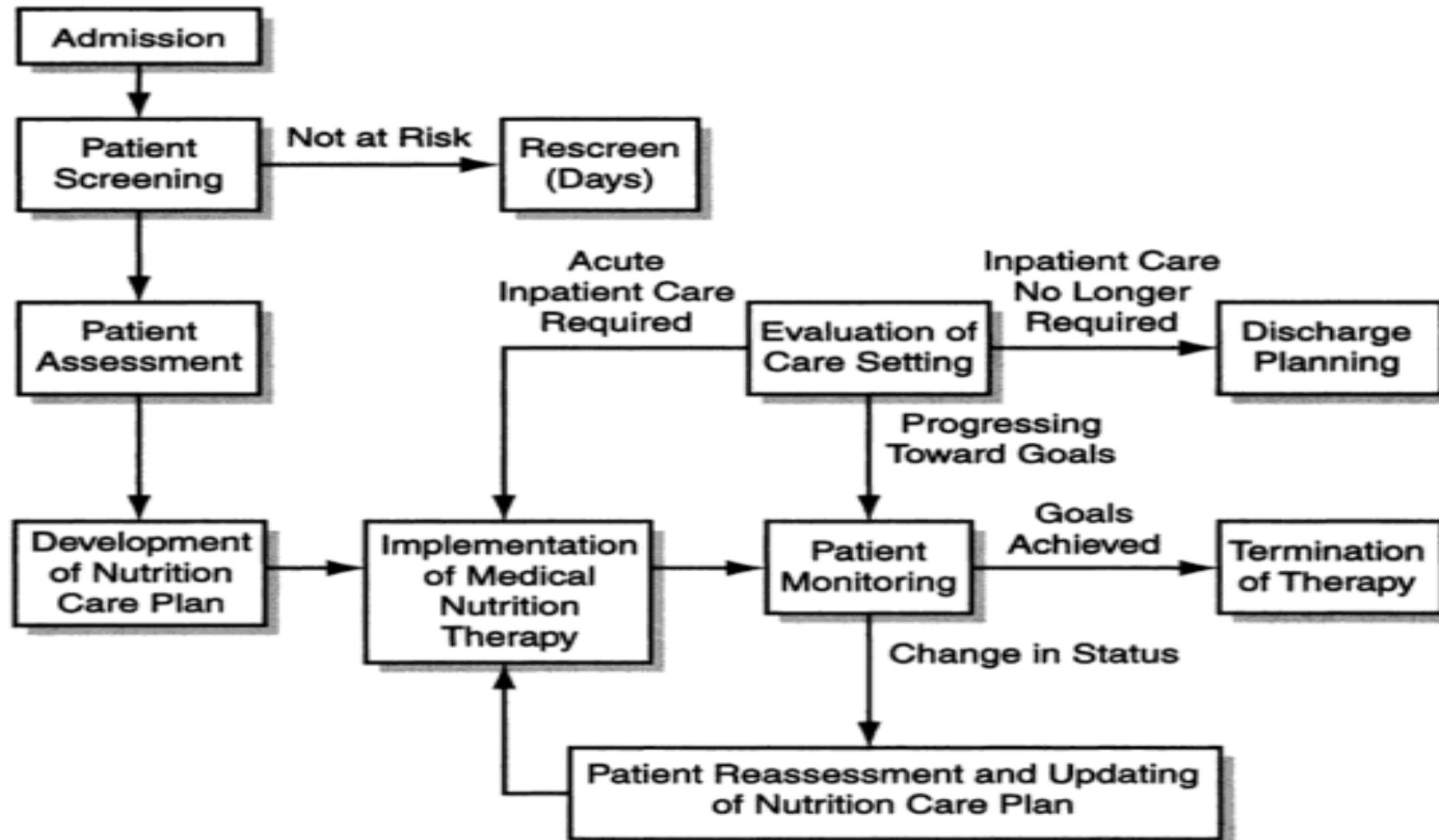
Recognition established in 2002, when a bill established coverage for nutritional management in the treatment of, specifically, diabetes and renal diseases.

The stipulation was that MNT providers must use evidence-based protocols, as EBP improves quality of care and helps manage costs.

MINT

1. Vital to medical management of acute and chronic diseases
2. Lowers costs by speeding recovery and reducing complications
3. Fewer Hospitalization
4. Shorter hospital stays
5. Diminished needs for other treatments
6. Improves quality of life

MNT



Applying EBP in Clinical Dietetics

- ❖ Clinical dietetics in its different settings needs to be practiced according to evidence-based guidelines
- ❖ The process is applied as discussed in Chapter 3. Additionally, The Academy of Nutrition and Dietetics Evidence Analysis Library provides Evidence-Based Guidelines on various topics. Visit: www.andeal.org
- ❖ Take a look at the AND's 2014 guidelines in adult weight management (AWM) and prevention of type 2 diabetes (PDM) and discuss the application of these guidelines considering each recommendation's rating.

Other reference: www.guidelinecentral.com

Applying EBP in Clinical Dietetics

Statement Rating	Definition	Implication for Practice
Strong	The benefits clearly exceed the harms (The opposite in a negative recommendation), and that the quality of the supporting evidence is excellent/good	Follow unless a clear and compelling rationale for an alternative approach is present.
Fair	The benefits exceed the harms, but the quality of evidence is not as strong (grade II or III)	Follow but remain alert to new information and be sensitive to patient preferences.
Weak	The quality of evidence that exists is suspect or that well-done studies (grade I, II, or III) show little clear advantage to one approach versus another.	Be cautious in deciding whether to follow. Be alert to emerging publications. Patient preference should have an influencing role.
Consensus	Expert opinion (grade IV) supports the guideline even though the scientific evidence did not present consistent results, or controlled trials were lacking.	Be flexible in deciding whether to follow a Consensus recommendation. Patient preference should have an influencing role.
Insufficient Evidence	There is both a lack of pertinent evidence (grade V)* and/or an unclear balance between benefits and harms.	Feel little constraint in deciding whether to follow and be alert to emerging publications. Patient preference should have an influencing role.

Applying EBP in Clinical Dietetics

Statement Categories	Definition
Imperative	Broadly applicable to the target population and do not impose restraints. Imperative recommendations may include terms such as “should” or “may” and do not contain conditional text.
Conditional	Clearly defines a specific situation or population. Conditional recommendations are often presented in an if/then format.

Example:

AWM: Duration and Frequency of MNT for Weight Maintenance

For weight maintenance, the RDN should schedule at least monthly MNT encounters over a period of at least one year. High-frequency comprehensive weight maintenance interventions result in maintenance of weight loss.

Strong, Imperative

Example

AWM:

Measure Resting Metabolic Rate (RMR) If indirect calorimetry is available, the RDN should use a measured RMR to determine energy needs in overweight or obese adults. Measurement of RMR using indirect calorimetry is more accurate than estimating RMR using predictive equations.

Consensus, Conditional

Clinical Nutrition Service Team

Clinical Nutrition
Manager /
Chief Clinical
Dietitian

Clinical Dietitian

Dietetic Technician

Dietetic Assistant

1. Clinical Nutrition Manager / Chief Clinical Dietitian

1. Directing the activities of clinical dietitians, dietetic technicians, and dietetic assistants.
2. Developing and managing budgets for the clinical area
3. Hiring clinical nutrition employees & writing job descriptions
4. Evaluating employee job performance
5. Providing in-service and on-the-job training
6. Reviewing productivity reports
7. Scheduling employees
8. Developing goals, objectives, policies , procedures, and performance standards
9. Communicating with the staff of other departments and the administration

Ultimately, the clinical nutrition manager ensures that performance is actually accomplished to achieve the goals and objectives for the department.

2. Clinical Dietitian

1. Use the NCP to screen, assess, diagnose, interview, and evaluate nutritional care of patients.
2. Provide instruction to patients and families on nutritional needs.
3. Review medical records for information including nutrition-related data.
4. Calculate nutrient and fluid requirements, evaluate intake, and make adjustments accordingly.
5. Plan oral diets with multiple nutritional requirements, and adapt diets to meet needs and preferences
6. Refer clients to community resources for ongoing service
7. Use evidence analysis in making practical decisions about needed care.
8. Perform quality assurance and make performance improvements as needed.
9. Utilize technology as freely as possible.
10. Attend medical rounds, and communicate with physicians, nurses, and other staff.

2. Clinical Dietitian

Besides working in general clinical practice, dietitians may be working in subspecialty areas such as:

1. Gerontological nutritionists
2. Dietitians in developmental and psychiatric disorders
3. Oncology dietitians
4. Renal dietitians
5. Pediatric dietitians
6. Diabetes care and support
7. Dietitians in nutrition support
8. Perinatal nutritionists

3. Dietetic Technician

1. Gathering data for nutritional screening and assigning a level of risk for malnutrition according to predetermined criteria.
2. Help with nutritional assessments by gathering laboratory and anthropometric data, collecting and analyzing nutritional intakes, obtaining nutritional histories, and reviewing medical histories.
3. Administer nourishment and dietary supplements for patients and monitor and document intakes.
4. Provide information to help patients select menus and give simple diet instructions.
5. Supervision of dietetic assistants and students.

4. Dietetic Assistant

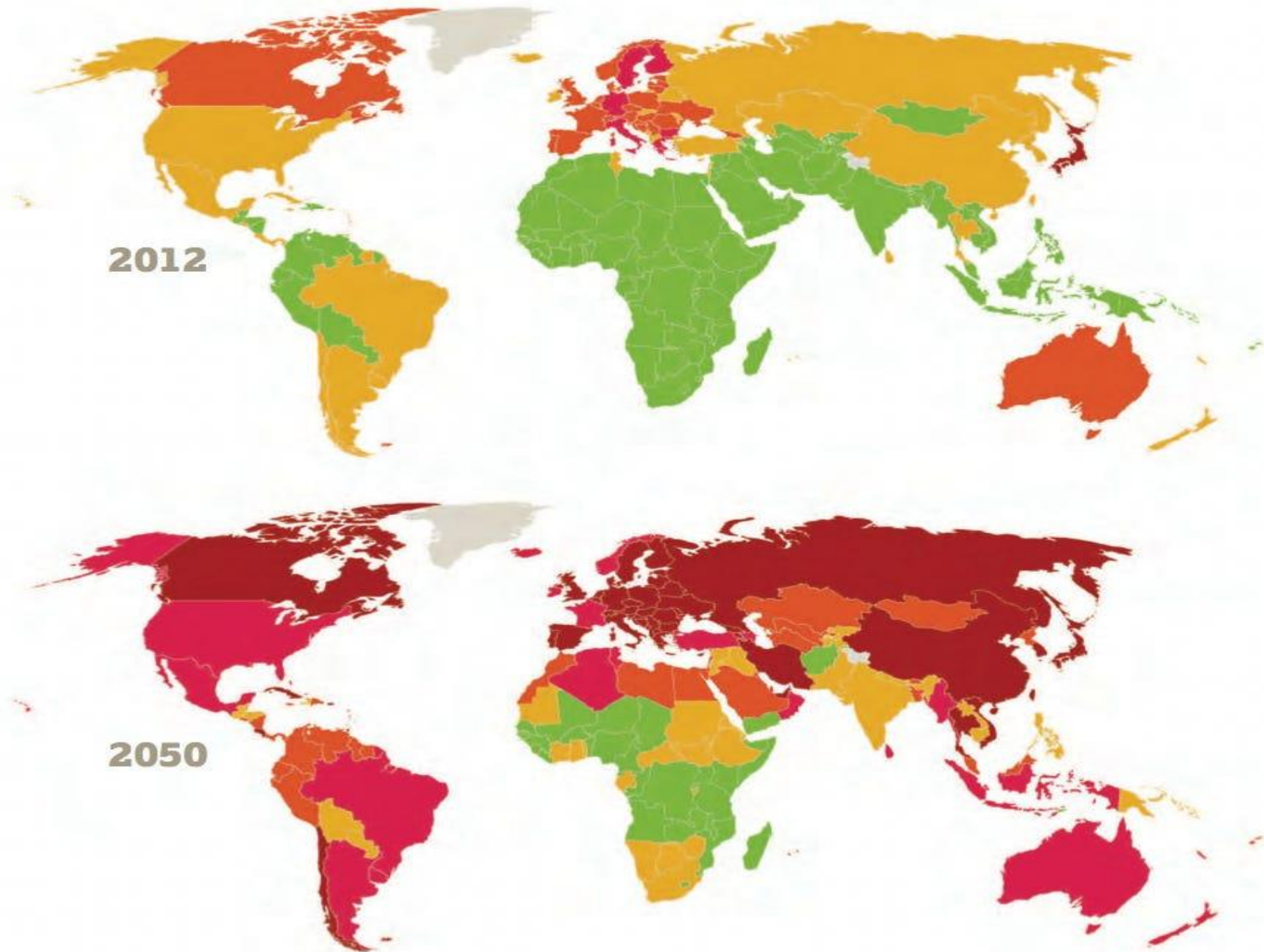
Helps the clinical dietitian and dietetic technician in:

1. Processing diet orders
2. Checking patient intakes
3. Giving nourishments
4. Transmitting special food requests
5. Distribute and pick up inpatient menus
6. Pass and collect trays
7. Evaluating food acceptance and gathering food records to evaluate and document nutrient intakes.

Figure 1: Proportion of population aged 60-plus in 2012 and 2050

The proportion of the world's older population will rise dramatically over the next decades.

- 0-9%
- 10-19%
- 20-24%
- 25-29%
- 30+%
- No data



Source: UNDESA Population Division, Population Ageing and Development 2012, Wall Chart, 2012

Note: The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations

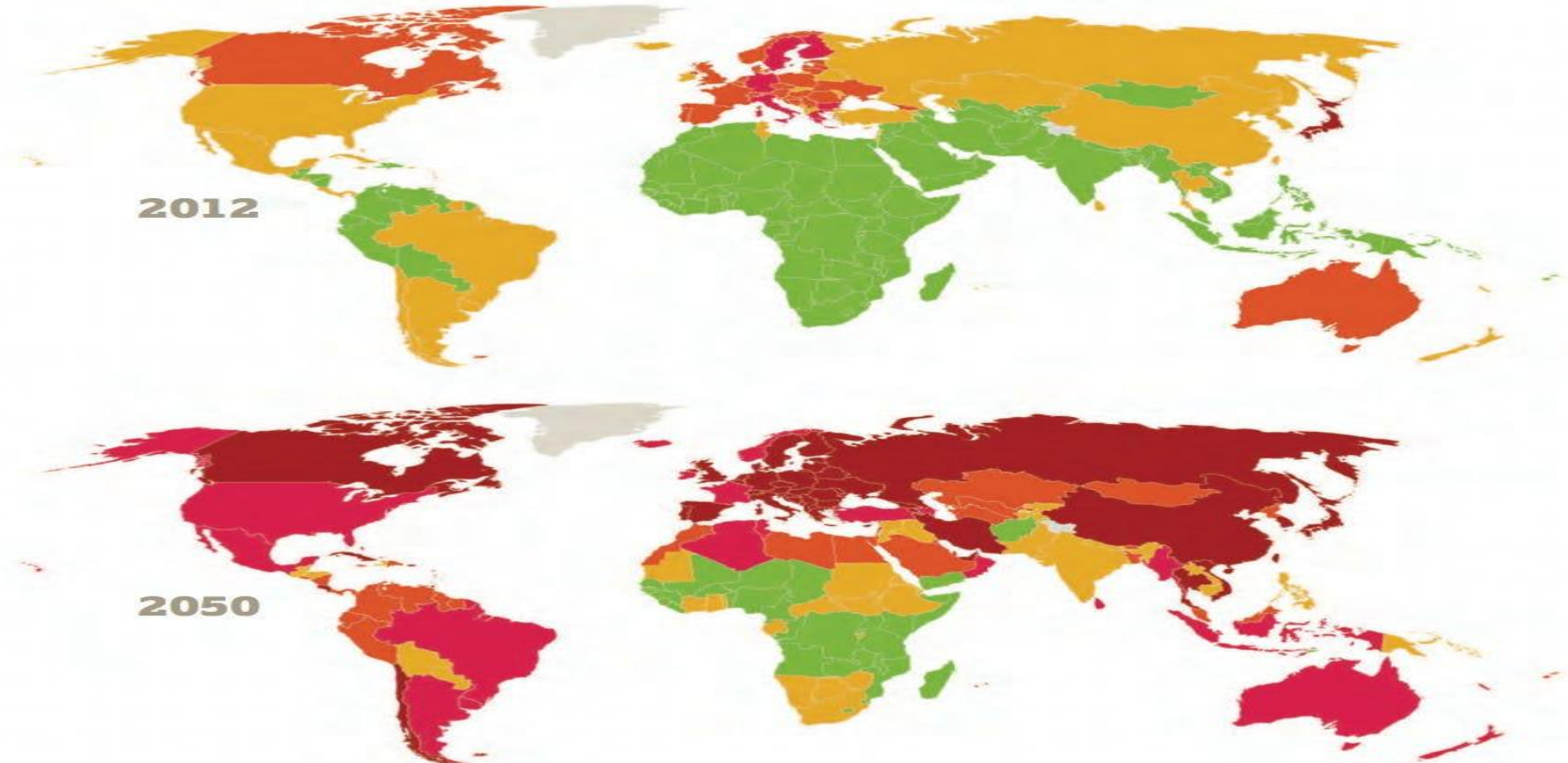
Clinical Dietetics Outlook

Changing demographic trends

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Clinical Dietetics Outlook

Changing demographic trends

Palestine Data (www.population.un.org)

By thousands

Year	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
2010	65	47	33	19	9	3	1	0	0
2020	88	64	48	29	15	5	1	0	0
2050	329	245	184	123	73	32	8	2	0

Clinical Dietetics Outlook

Changing demographic trends

- ❖ Dietitians, as members of a multidisciplinary team, apply scientific evidence to promote healthy eating, apply nutrition therapy and counselling to this group.
- ❖ In geriatric patients, maintenance of function and quality of life is often the most important aims

Clinical Dietetics Outlook

Changing demographic trends

❖ Nutritional problems include:

- Anorexia of aging: Decrease in appetite and/or food intake in old age. It is a major contributing factor to under-nutrition and adverse health outcomes in the geriatric population. *
- Dysphagia: Swallowing difficulties. Common causes include conditions that affect the CNS (stroke, head injury, dementia), and cancer (mouth cancer, esophageal cancer)**
- Alterations in metabolism
- Cognitive impairments: this includes impairment in remembering, learning new things, concentrating, or making decisions that affect their everyday life.***

*<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772033/>

** <https://www.nhs.uk/conditions/swallowing-problems-dysphagia/>

***https://www.cdc.gov/aging/pdf/cognitive_impairment/cogimp_poilicy_final.pdf

Clinical Dietetics Outlook

Obesity/Overweight Epidemic

- ❖ Obesity has reached epidemic proportions globally. 1 billion adults are overweight - at least 300 million of them clinically obese
- ❖ The rising epidemic reflects the profound changes in society and in behavioural patterns of communities over recent decades. Dietitians may find increasing opportunities to work with food processors, grocery stores, and advertisers to reach the public with the most effective nutrition messages.
- ❖ Effective management involves a range of long-term strategies. These include prevention, weight maintenance, management of co-morbidities and weight loss.

Clinical Dietetics Outlook

Clinical Privileging

- ❖ RDs are now permitted to order patient diets independently without requiring the supervision or approval of a physician or other practitioner.
- ❖ The RDN may order lab tests and make modifications to the diet order based on the lab tests.

Clinical Dietetics Outlook

Communication Methods

- ❖ Telemedicine and telehealth are increasingly used to transmit medical information.

(Telehealth: the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.)

- ❖ Technology provides a way to engage patients and clients, to expand the reach of practice and potentially lower health care costs.

Clinical Dietetics Outlook

Communication Methods

❖ Telehealth advantages:

Convenience

Flexibility

Increases marketability

Build better relationships with your clients

(Save more time, make more money, improve client outcomes)

GetHealthie.com

Everything You Need to Run Your *Business*



Scheduling



Telehealth/Virtual Care



Billing/Payments



Charting/EHR



E-Paperwork



Client Messaging



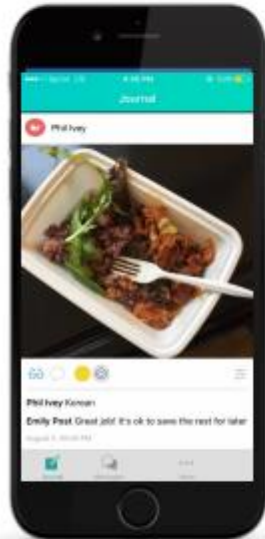
Client Logging



Client Education

1

Upload pictures
and data



2

Videoconference
with dietitian



3

Watch
results unfold



Key features

- Log pictures of food, body, fitness, and more
- Receive real-time feedback from personal dietitian
- Use virtual notebook to store health history, notes from meetings, etc.
- Consistent meetings with personalized dietitian
- Discuss individual goals, meal plan, and progress
- Schedule appointments through platform
- Track results over time using interactive dashboard
- Share successes with community
- Receive incentives for high performance

ASSIGNMENT DETAILS

Reason coverage is needed (vacancy, FMLA, vacation, ongoing PRN, outsourcing of position) *

Type of care needed (acute, LTC, rehab, LTAC, outpatient) *

How many beds and what is the average census? *

Requested Start Date *

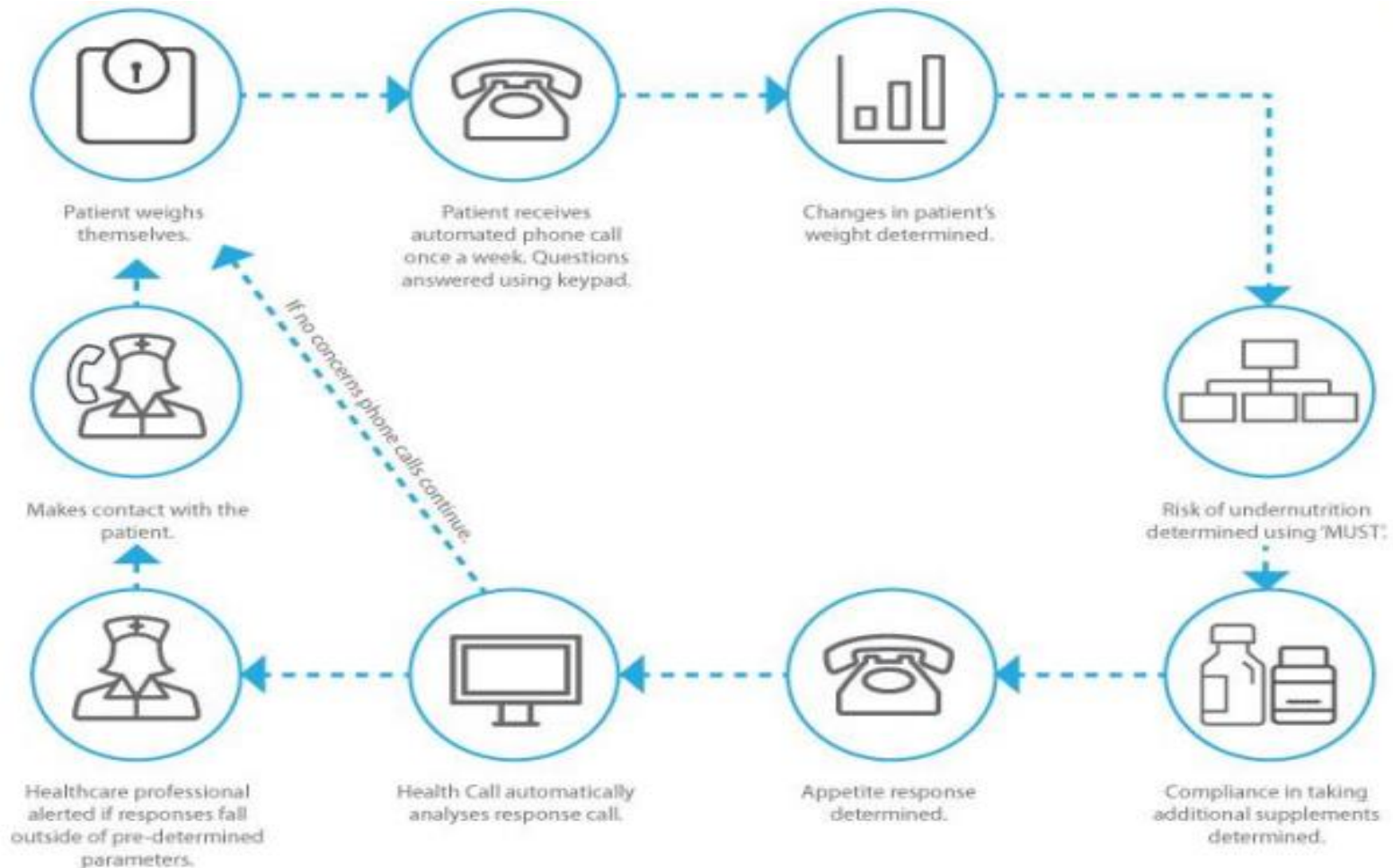
Requested Hours Per Week (include range if applicable) *

Duration of Assignment *

Are evening or weekend hours acceptable?

Activate Windows
Go to Settings to activate Wi

Health Call Undernutrition (NHS)



Definitions

Clinical dietetics. The area of practice in which persons with illness or injury involving nutritional factors are treated using assessment, planning, and implementing nutrition care plans.

Clinical nutrition services. Activities provided in the practice of clinical dietetics, such as medical nutrition therapy and counseling.

Diet therapy. Treatment by diet; a term now replaced by clinical nutrition therapy or medical nutrition therapy.

Extended care facility. An institution that extends health care beyond the acute care setting when long-term care is needed.

Outpatient clinic. Treatment area of a hospital or healthcare facility in which patients are treated on an outpatient basis.