The Association of UK Dietitians

Model and Process for Nutrition and Dietetic Practice

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Summary

This paper introduces the revised Model and Process for Dietetic Practice. The purpose of the Model and Process is to describe the consistent Process that dietitians follow in any intervention; with individuals, groups or populations; in clinical settings, public health or health promotion. The Model and Process also articulates the specific skills, knowledge and critical reasoning that the dietitian deploys and the environmental factors that influence the practice of dietetics.

Background

In 2006, the BDA published the BDA Nutrition and Dietetic Care Process (1) that described the knowledge and skills of the dietitian and the critical thinking employed by dietitians. It also provides a framework for the development of tools to support the profession in the UK. The Care Process was influenced by the American Dietetic Association's Nutrition Care Process and Model (NCPM) (2), the Process followed in UK dietetics as implicitly described in the curriculum learning outcomes published by the Dietitians Board in 2000 (3) and the Standards of Proficiency as required of dietitians in the UK by the Health Professions Council (4). In this way, neither the previous nor this revised Process for Nutrition and Dietetic Practice are new. They do not describe a completely different way of working but aim to make explicit the components of a dietetic intervention in order to facilitate professional practice.

In the USA and internationally the implementation of the nutrition care Process and model is supported by the use of the International Dietetic and Nutrition Terminology (IDNT) (5). The American Dietetic Association, now the Academy of Nutrition and Dietetics (AND) describe the differences between the NCP and the IDNT as ' The NCPM is a problem-solving model, while the IDNT provides a standardized set of terms used to describe the results of each step of the model'.

This document updates the Nutrition and Dietetic Care Process and Model following a planned review by a working group of the Professional Practice Board.

In 2015, the Professional Practice Board reviewed the document and, subject to minor amendments, approved it for a further period of 3 years.

Introduction to Process for Nutrition and Dietetic Practice

The Process for Nutrition and Dietetic Practice (the Process) demonstrates how dietitians integrate professional knowledge and skills into evidence based decision making. Therefore, it differentiates between dietitians and other professionals who provide some nutrition services. It describes the contribution of dietitians in different practice areas including clinical, public health, and health promotion, whether working with individuals, groups or communities.

Service users, health professionals, healthcare organisations and Governments demand high quality healthcare. Quality in health care can be measured in domains of effectiveness, patient experience and safety. (6) Professional guidance such as the Process presented here, are important professional tools in facilitating the profession to provide a consistent quality of care.

The Process clearly illustrates the central role of the service user in dietetic practice. The service user brings their culture, beliefs and attitudes to the intervention and these values guide shared decision making. Within statutory health services this focus on the service user is now a policy direction described as patient centred care. There are many definitions, but the most widely accepted and used is that from the Institute of Medicine, 'providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions'. (7) As the Kings Fund states 'In today's NHS it has come to mean putting the patient and their experience at the heart of quality improvement.' (8)

Health professionals can feel challenged by the concept of following and recording a systematic Process. They may be concerned that following and systematically recording a Process can undermine their professional autonomy. (9) The Process clearly identifies the steps within a dietetic intervention and the skills, resources and knowledge used by the dietitian within the intervention but does not replace the dietitian's decision making. It is clear within the Process, that at each step the dietitian makes choices – between assessment tools, between conflicting priorities for action or between different interventions. In this way the Process facilitates autonomy of practice, and does not replace it.

The Process makes clear that dietitians make a nutrition and dietetic diagnosis. That is, they make a judgement about, and describe, the most important nutritional considerations that impact on the health of the service users. They then take responsibility for action to ameliorate this impact. An important step in the Process is the monitoring and review of the intervention. The dietetic professional will carry out this step continually, reviewing the intervention, progress towards goals and outcomes and whether the nutritional diagnoses are still valid. New issues or a lack of progress will lead to reassessment and possibly new diagnosis or plan. The end of the intervention leads to a final evaluation. This final evaluation, based on improvement against the diagnosis, and using improvements in the assessment and monitoring indicators, provides the evidence for the effectiveness of dietetic interventions, or dietetic outcomes.

The implementation of the Process is supported by a toolkit of resources.

Process for Nutrition and Dietetic Practice

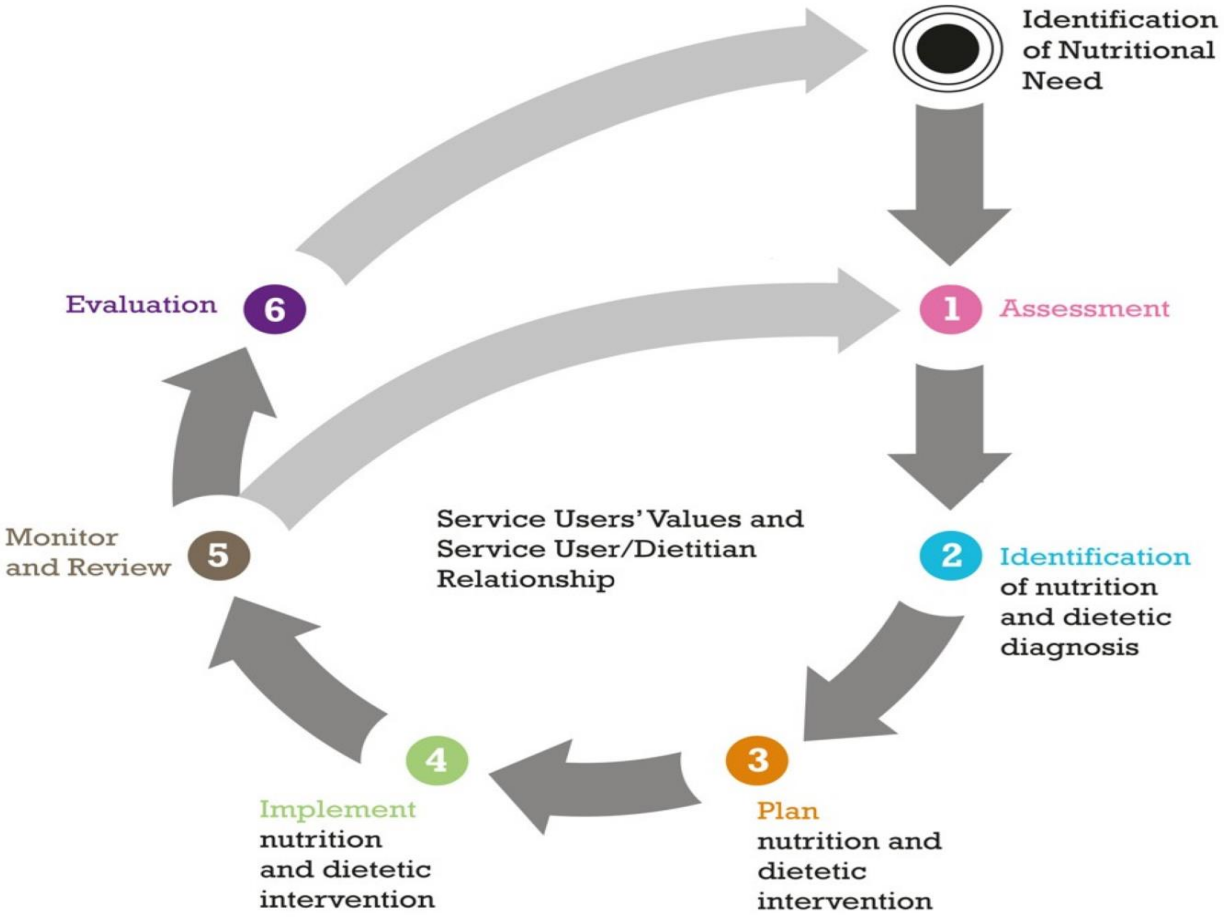

Figure 1 Process for Nutrition and Dietetic Process

2012 Revisions

The Process is designed to support the diversity of dietetic practice. To help achieve this some changes have been made to the Process and the descriptions explicitly reference where the actions may vary between practice areas.

Dietetic interventions are triggered by a Process of identifying a health need which has a nutritional component. Within the UK health environment, much emphasis is placed on nutritional screening or strategic health needs assessments, therefore this pre-Process step has been clarified.

Quality in healthcare consists of three components, patient experience, safety and effectiveness. The Process provides a clear framework for identifying priorities where the dietetic intervention will lead to improvements in at least one of the domains of quality. During the dietetic intervention the dietitian will monitor and review progress. At each contact or stage the dietitian will make a decision to continue, reassess or complete the intervention. Again, this is clarified. The impact of nutritional interventions must be measured and reported at the level of the intervention such as individual or community and also aggregated to care group or service level.

Previously the Nutrition and Dietetic Care Process included aspects of recording at each stage. In this review, this aspect has been removed. It is a professional and ethical expectation of health professionals that each step of the Process is recorded. (10) Separate guidance will be issued describing the recording of dietetic interventions using the Process.

2016 Revisions

High quality care is, obviously, a stated priority for health and social care systems in the UK. This is usually described in terms of effectiveness, efficiency, patient experience and safety. The measurement, recording and reporting of improvements in health of those receiving dietetic interventions is of increasing importance and this is reflected in the revisions. The central role of the service user in their care is also expanded.

Benefits and Uses

The Process describes the fundamentals of the dietetic intervention and as such could be described as the cornerstone of practice. It is used in the education of students; supporting the development of consultation skills, clinical reasoning and a consistent standard of practice.

Within practice the Process supports individuals and services in service development and improvement, monitoring and measuring of service demand, developing paper and electronic record structures and evidencing the effectiveness of dietetic services.

There is a growing body of published evidence and abstracts from the ADA that demonstrate various benefits from the use of the care Process and standardised language. These include clarifying the dietetic assessment (11) and allowing dietitians to track outcomes and impact across diagnoses and dietetic teams, (12). Provides tools to advance the profession and to become more competitive, (11) increases the focus on dietetic interventions and the profession. (13)

The Process is designed to both move the profession towards evidence based practice and with consistent application, to demonstrate to others that dietitians are evidence based practitioners and diagnosticians (13)

Use as a structure for records

The primary purpose of dietetic records is to record and communicate information about the dietetic intervention. Use of the Process supports the introduction of a structure for records. It is known that the quality of record keeping across the professions is highly variable, partly due to professionals learning assessment and record keeping by apprenticeship rather than through the application of a structured Process. Incomplete or disorganised notes can lead to poor care and allegations of incompetence (14). There is evidence from the medical profession that structured records improve the quality of care. (15) (16) The pace of uptake of electronic records is also increasing such as the All Wales Dietetic Record and the NHS England plans for an all-digital NHS by 2018. The use of a structured terminology such as SNOMED CT is vital in capturing the steps of the Process and providing further consistency in practice.

Clinical Reasoning

The dietitian identifies and prioritises the most important aspects for action; clearly identifying the nutrition and dietetic issue, the cause and the signs and symptoms. This clear prioritisation of nutritional diagnosis for action also supports the dietitian to identify evidence based and effective interventions and the most relevant goals and outcomes to monitor and evaluate.

Anecdotally, dietitians report that using the Process leads them to record in a more structured and succinct format; including structured reporting to other professions which is valued by both parties. The action focussed approach to recording of the diagnosis and intervention plan enhances communication between service user, dietitian and other professionals and clearly directs the intervention plan. In this way the clinical reasoning employed in the determination of the intervention plan is clearly communicated.

The Model of Nutrition and Dietetic Practice

No dietitian practices in isolation. The Model illustrates the levels of influence on the practice of a dietitian. The immediate and most powerful influence is the relationship between the service user(s) and the professional; and the model and Process both clearly illustrate that the service user is at the centre of all dietetic practice.

The other layers of influence on practice are professional and individual such as the evidence base for professional practice, professional ethical codes and the individual's capabilities and scope of practice. Further influences are those relating to the organisation in which the services are delivered such as the structures and pathways in place along with the resources available; human, financial and physical. All of these are tempered by the national and strategic environment which governs the health, economic and legal systems which facilitate or constrain practice and which shape, and are shaped by the social systems.

Model of Nutrition and Dietetic Practice

Figure 2 Model of Nutrition and Dietetic Practice

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Nutrition and Dietetic Process

This chapter describes in greater detail each step of the Process including the definition and component of each step, and the skills employed by the dietitian. The descriptions are generic. The dietitian will choose, for example, the appropriate assessment data to collect. To aid clarification, different approaches are identified, such as between work with individuals and in public health practice.

Assessment

Definition

Assessment is a systematic Process of collecting and interpreting information in order to make decisions about the nature and cause of nutrition related health issues that affect an individual, a group or a population.

Assessment is the first step in the nutrition and dietetic Process. Its purpose is to obtain adequate and relevant information in order to identify nutrition-related problems and to inform the development and monitoring of the intervention.

It is initiated by identification of need, such as screening, referral by a health professional, self-referral, high level public health data, epidemiological data or other similar Process.

Information Sources

The gathering of information is a systematic Process and may follow a standardised structure such as **A**nthropometry, **B**iochemistry, **C**linical/physical, **D**ietary, **E**nvironmental/behavioural/social, Service user **F**ocussed (ABCDEF). The specific information collected in the assessment will vary with the practice setting, individual, groups or communities health needs, the relationship to expected outcomes and practice based evidence and guidance. Assessment will include reassessment and provides the baseline against which changes in health and the outcomes of the intervention are measured. These changes are captured by indicators, which measure progress against reference standards or baselines.

Information sources include:

Individual	**Group**	**Population**
Referral information Laboratory tests Procedure results Multi-disciplinary records Information from other health and care team members Client interview Carer interview Observation and examination	Referral information Pre-questionnaires Community based studies and focus groups For therapeutic groups will include individual data sources For health promotion groups will include population data sources	Nutrition surveys Local health surveys Epidemiological studies Field activities including Community-based surveys and focus groups Joint Strategic Needs Assessment

Components

Individual or Group

- Physiological measurement, anthropometrics
- Biochemistry and other lab results
- Health and disease status, especially in relation to consequences for nutritional status e.g. current medical problems and the progression of the disease or prognosis
- Medication including over the counter medication and supplements. Concurrent treatment or interventions
- Nutritional and food intake
- Psychological and behavioural including readiness to change
- Knowledge and understanding of condition and impact on them now and in future. Social circumstances
- Their priorities, concerns and expectations

Population or Group

- Population/group knowledge, willingness to change and potential for changing behaviour
- Opportunities to effect change
- Population / group perceptions of health issues
- Identifying and assessing health conditions and wider determinant factors and associated risk to long term health
- Nutritional and food intake
- Physiological measurement, anthropometrics, biochemistry

Critical Reasoning and Specialist Skills

These are critical thinking skills particularly required in the assessment step:

- Comparison with standards
- Determining whether dietetic care will provide benefit for the service user
- Identifying which multidisciplinary health and care team members to consult
- Observing for verbal and non-verbal cues to guide and prompt effective interviewing methods
- Determining appropriate data to collect in different situations
- Matching assessment method to the situation, with individual, group or community
- Applying relevant assessments in valid and reliable ways
- Distinguishing important from unimportant data
- Validating the data
- Organising the data
- Problem solving
- Identify key partners and key workers and their role in the assessment Process
- Determining whether the problem requires consultations with or referral to another health professional

Identification of Nutrition and Dietetic Diagnosis

Definition

A nutrition and dietetic diagnosis is the identification of nutritional problems which may impact on the physical, mental and/or social well-being of an individual, group or population and where the dietitian is responsible for action. This diagnosis may reflect

- an existing nutritional problem which can be evidenced
- a potential nutritional problem eg when a medical intervention is likely to cause a nutritional problem
- preventative or anticipatory care when a nutritional intervention has the potential to maximise health and prevent or manage deteriorations in health

Individual

An individual nutrition and dietetic diagnosis requires therapeutic or educational action as determined by the dietitian and service user.

It is based on scientific evaluation of physical and psychological signs and symptoms, dietary and medical history, procedures and test results and the priorities of the service user.

Group

In a therapeutic group, there will be a diagnosis for the individuals in the group (as individual). In a public health group the diagnosis step will be the same as the population 'assessing a health priority for action.'

Population

Within a public health needs assessment framework the nutrition diagnosis is assessing a nutritional health priority for action; choosing nutritional health conditions and determinant factors with the most significant size, impact and severity.

At all levels it includes the identification and categorisation of an actual occurrence, risk of, or potential for developing a nutritional problem that a dietitian is responsible for treating independently or of leading the strategy to manage.

Data Sources/Tools

Organised and evaluated assessment data.

Components

There are 3 components to the description of the diagnosis; the problem, the aetiology and the signs and symptoms. Together they are written as a PASS statement; the purpose of which is to clearly state the nutrition issue, the cause and the identifying symptoms that the dietitian is responsible for taking action on.

1. The Problem

This describes the current or potential nutritional problem or alteration in the client/group/populations' nutritional status.

2. Aetiology
   The related factors are those factors contributing to the existence of, or maintenance of pathophysiological, psychosocial, situational, developmental, cultural, and/or environmental problems.

3. Signs and Symptoms
   The defining characteristics are a cluster of subjective and objective signs and symptoms established for each nutritional diagnosis. The defining characteristics are gathered during the assessment phase and provide evidence that nutrition related problem exist.

Critical Reasoning and Specialist Skill

Use assessment data to:

- Prioritise the relative importance of problems to the client
- Prioritise the relative importance of problems for client safety. Analyse the data

Find patterns and relationships among the data and possible causes.

Make inferences ("if this continues to occur, then this is likely to happen").

State the problem clearly and succinctly

Being objective and factual (suspending judgement).

- Make interdisciplinary connections
- Rule in and rule out specific diagnoses

Plan Nutrition and Dietetic Intervention

Definition

A nutrition and dietetic intervention is a set of activities and associated resources which are used to address an identified nutrition and dietetic diagnosis. The intervention is a set of actions and activities designed with the intent of changing nutrition related behaviours, risk factors, environmental factors or aspect of physical or psychological health or nutritional status of the individual, group or population. All interventions are planned with the communities, service users and carers who are the recipients of the intervention. This client centred approach is a key element in developing a realistic plan that has a high probability of positively influencing the outcome.

This will usually involve describing:

- Overall measurable and specific outcome(s) designed to resolve or improve the nutrition and dietetic diagnosis its aetiology and/or its signs and symptoms
- Intermediate goals and indicators to enable monitoring of progress towards achieving the outcome(s), determined by the diagnosis statement and assessment information
- Plan and interventions designed to meet the goals and outcomes. Interventions include provision of food, provision of nutrition support, education package, counselling, coordination of care, social marketing campaigns, food availability, food shopping and cooking skills
- Roles and responsibilities of individuals, professionals and organisations in delivering the plan
- Where there is more than one nutritional problem, to prioritise the nutrition and dietetic diagnoses

Data sources/tools

- Service user or population perspective and priorities
- Assessment information
- Joint Strategic Needs Assessment
- Practice based Evidence in Nutrition (PEN)
- Evidence based guidelines or professional consensus such as professional guidelines or BDA professional guidance documents
- NICE/SIGN/QIS/GAIN or other national guidance or strategy
- Current research literature, meta-analysis such as Cochrane reviews and Campbell Collaboration
- National and local health and social policy
- Results of audits
- Behaviour change and educational theories applied at individual and population level
- Interpersonal skills
- Campaign and health improvement theories
- Reflection and professional experience
- Available resources

Components

This step includes determining the outcome(s) of the intervention and the goals and interventions required to meet these outcomes.

- Prioritise the nutrition and dietetic diagnoses depending on the severity of the problem; clients, population and other stakeholder views on the problems; perceptions of importance, and probability that intervention will lead to positive outcomes
- Consult evidence based guidelines to ensure goals and interventions are based on best practice
- Work with clients/ carer or community to identify appropriate goals (and outcomes?) for the intervention which are realistic, client centred and address the dietetic diagnosis or problems identified. They should be written in observable and measurable terms
- Obtain consent as required
- Define overall outcome and indicators

- *Outcome*
  The stated outcome is to correct (resolve) or improve the identified problem or alteration in nutritional status

- *Indicators*
  Indicators measure change which can be compared against reference standards or a baseline. They are determined by the assessment and provide evidence of improvement or not in nutritional or health status. Examples of indicators are as follows
  - Anthropometry (weight, MUAC, waist : hip ratio)
  - Biochemistry (laboratory values, indicators of nutritional status)
  - Clinical/Physical (functional ability eg hand grip strength, measures of clinical or nutritional status, complications, symptom scales)
  - Dietary (quality of diet, nutritional intake)
  - Environmental/behavioural/Social (service user-focussed outcomes: quality of life, service user identified outcomes, satisfaction, self-efficacy, self-management, functional ability)
  - Behavioural (food related behaviour, physical activity)
  - Psychological (self – efficacy, self-management, mental health state)
  - Health care utilisation and cost outcomes (medication changes, special procedures, planned/unplanned clinic visits, preventable hospitalisations, length of hospitalisation, prevent or delay nursing home admission)

- *Goals*
  - Diet and nutrition goals (food or nutrient intake changes)
  - Environment/behavioural/social (self-management, physical activity, functional)

- *Intervention*
  - Determine the intervention plan to meet the outcomes and goals
  - Define the intervention plan. This will include dietetic prescription for an individual; education plan for individual or group, community programme or health community strategy, behavioural strategies and counselling, motivational interventions
  - Select interventions based on the best available evidence
  - Define length, frequency and duration of the intervention
  - Identify who will carry out which part(s) of the intervention
  - Identify any resources needed
  - Optimise intervention within resource allocation
  - Apply risk management strategies as necessary

Critical reasoning and specialist skills

Critical thinking is required to determine which interventions are implemented on the basis of the assessment, dietetic diagnosis and the client/patients' wishes and priorities.

- Setting goals and prioritising
- Transferring knowledge from one situation to another
- Reflecting on previous action
- Reflecting in action
- Defining the dietetic intervention and outcomes identifying and engaging partners and key workers
  - Identifying partners' key skills and how they contribute to the implementation
  - Making interdisciplinary connections
  - Making inter-organisational connections, including statutory, patient and voluntary groups
  - Initiating behavioural and other interventions
  - Matching intervention strategies with client/patient or community needs, diagnoses, and values
- Choosing from among alternatives to determine a course of action
- Specifying the time and frequency of care
- Understanding of ethical and legal principles governing provision of care

Implement Nutrition and Dietetic Intervention

Definition

This is the action phase of the nutrition and dietetic Process. Dietitians may carry out the intervention or will delegate or coordinate the intervention which is carried out by another health or social care professional; patient, client or carer; voluntary organisation or member of the nutrition and dietetic team.

Tools and resources

Variety of current client/group/population education materials in appropriate mediums including written or digital sources, teaching plans, social marketing materials, web-based materials, publications, public involvement strategies, provision of food, provision of nutrition support.

Components

Individual/Group

- Communicate the diagnosis or health need, implementation plan and goals
- Education of patient/client/other professionals in a variety of settings, using different techniques
- Behavioural change and dietetic counselling techniques
- Access to nutrition through food service or artificial nutrition
- Adjust nutrition and dietetic related medication
- Individualise the intervention
- Facilitation and team building
- Coordination of dietetic care
- Developing opportunities for involvement
- Collaboration with other professionals, clients, carers or care workers
- Management or supervision of others carrying out plan
- Continue data collection and modify plan as needed
- Revision of strategies, as changes in condition/responses occur

Population

- Facilitation
- Team building
- Developing opportunities for involvement
- Community capacity building
- Collaboration with other professionals, community, voluntary and statutory agencies
- Apply and tailor evidence based approaches to population health
- Mentoring, education and supervision of other team members
- Provision of evidence based nutrition resources

Nutrition health promotion activities

- Project management

Critical reasoning and specialist skills

- Prioritising diagnoses or health issues for action
- Reflection in action including transferring knowledge from one situation to another
- Communicating and recording the plan
- Supervision of other members of team
- Setting goals and prioritising
- Problem solving
- Refining the nutrition and dietetic intervention plan
- Making interdisciplinary and inter-organisational connections
- Initiating behavioural, educational, facilitation and other interventions
- Matching intervention strategies with client or community needs, diagnoses, and values
- Choosing from among alternatives to determine a course of action
- Specifying the time and frequency of care
- Project management

Monitoring and review

Definition

Monitoring refers to the review and measurement of the client, group or population's nutritional status and/or dietary intake at planned intervals with regard to the nutrition and dietetic diagnosis, intervention plan, goals and outcomes. It includes monitoring of the implementation (Processes) of the plan. These factors should be included as part of the nutritional reassessment of an individual or group.

Data sources/indicators/Tools

The data and the form of the data to be collected should be appropriate for the proposed goals and outcomes and the form of the intervention. It may also take account of practice setting and access to resources.

- Patient records
- Anthropometric measurements, laboratory tests
- Questionnaires, surveys, symptom scales, pre and post-tests, knowledge evaluation (as appropriate to diagnosis and intervention)
- Data collection forms, databases and software
- Client, group or population surveys and feedback

Components

These apply equally to individual, group or population interventions

Monitor progress

- Check client or group understanding and adherence to plan
- Determine if the intervention is being implemented as prescribed
- Obtain evidence that the plan/intervention strategy is or is not changing client, group or population knowledge, behaviour, nutrition or health status
- Assess progress towards goals and outcome(s) through measuring change in indicators
- Assess if dietetic intervention is or is not improving or resolving the nutrition and dietetic diagnosis, its aetiology and/or signs and symptoms
- Identify other positive or negative outcomes
- Gather information indicating barriers to progress. Revise intervention plan if needed to enable progress to be made
- Support conclusions with evidence

Using indicators

- Select indicators that are relevant to the nutrition and dietetic diagnosis, nutritional health priority or signs or symptoms
- Use standardised methods to increase the validity and reliability of measurements of change and facilitate consistent recording, coding, and outcomes measurement

Critical reasoning and specialist skills

- Determining which issues and goals or outcomes to prioritise at this time
- Selecting appropriate indicators and techniques for monitoring based on plan and outcomes
- Using appropriate reference standard for comparison
- Defining where patient/client/group is now in terms of expected outcomes
- Explaining variance from expected outcomes
- Determining factors that help or hinder progress
- Deciding between discharge/completion of dietetic intervention, continuation of dietetic intervention and/or reassessment

Evaluation

Definition

Evaluation is the systematic comparison of current findings against previous status, intervention goals and outcomes or a reference standard and takes place at the end of the Process.

Components

Evaluate Process

- Evaluate achievements against the planned outcome and goals of the project; identifying what went well and not so well and barriers and facilitators
- Identify further action to be taken

Evaluate outcomes

- Compare current findings with previous status, using indicators to measure changes against reference standards or a baseline
- Evaluate overall effectiveness and progress towards identified outcome(s)
- Evaluate progress towards the resolution (or correction) of the nutrition and dietetic diagnosis /es , their aetiology and/or signs and symptoms

Decide on further action

- Identify health needs for further action
- Identify and communicate research gaps
- Identify and communicate learning for practice

Critical reasoning and specialist skills

- Deciding between discharge/completion of dietetic intervention, continuation of dietetic intervention and/or reassessment
- Determining which issues and indicators to prioritise at this time
- Selecting appropriate indicators and techniques for evaluation based on plan and outcomes
- Using appropriate reference standard for comparison.
- Explaining variance from expected outcomes.
- Determining factors that help or hinder progress.
- Learning from the Process – implementation of learning and sharing of learning
- Identifying new or further health needs

Application of Process and Model for Dietetic Practice

The Process for Dietetic Practice is an important step in the development of a consistent high standard of dietetic practice. The systematic application of the Process in education settings, clinical and public health practice will consistently demonstrate the unique skills of the dietitian in delivering health outcomes and a quality service. The steps of the Process are implied in the Standards of Proficiency published by the Health Professions Council in 2013 (ref) and the BDA Curriculum Framework for Pre-registration Education and Training of Dietitians and in this way are embedded in preregistration education. The BDA has and continues to translate eNCPT, an international dietetic specific terminology, into SNOMED CT and publishes sets or recommended terms for use in paper and electronic records. This further enhances the use of the Process by providing a consistent terminology for describing and recording the steps of the Process and the outcomes of nutrition and dietetic care.

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