

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

CFDR funding: 2005

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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, RD
UBC
- 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

Purpose

- 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 \neq 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)

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

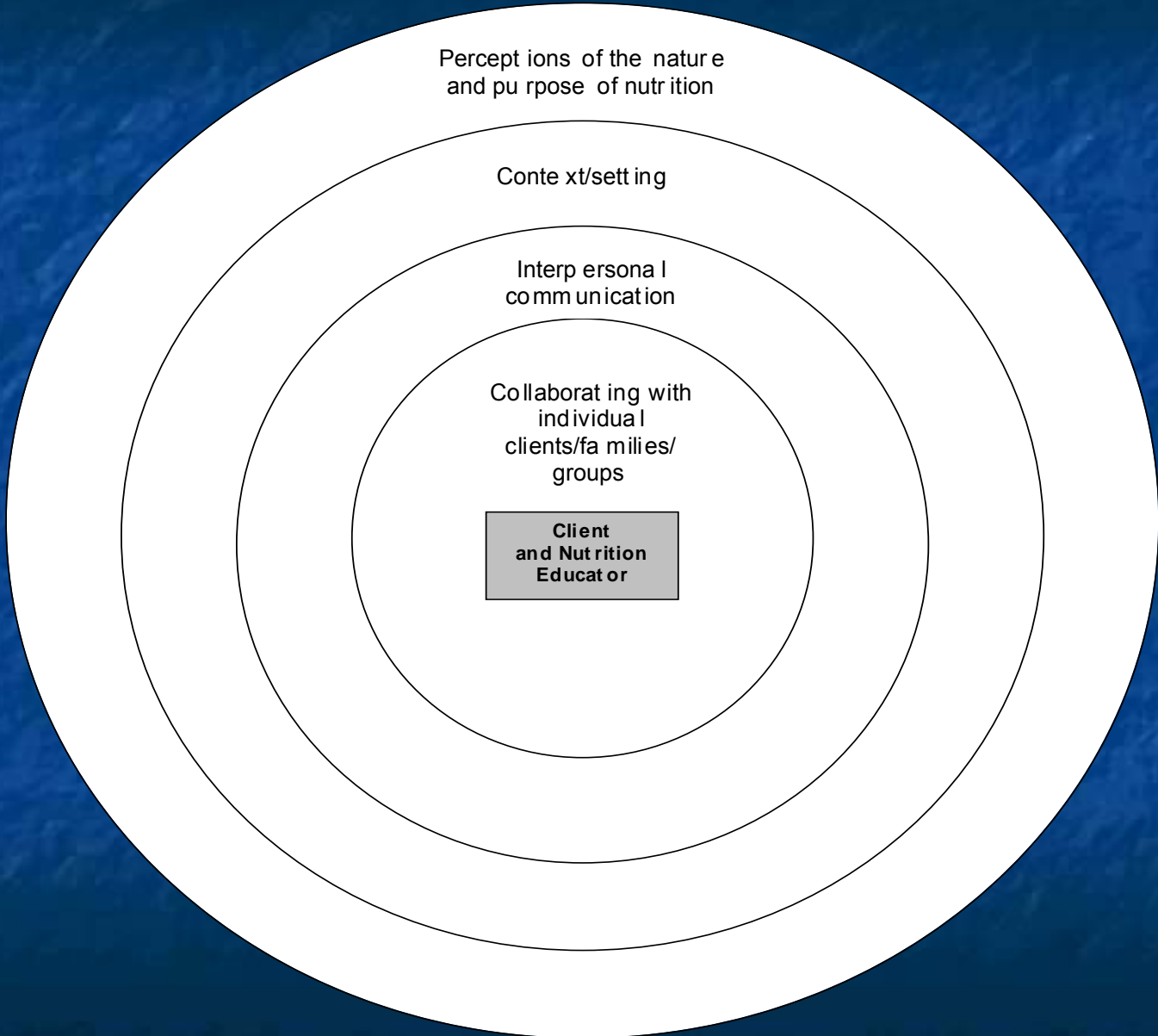
Perceptions of the nature
and purpose of nutrition

Context/setting

Interpersonal
communication

Collaborating with
individual
clients/families/
groups

**Client
and Nutrition
Educator**



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.



3CNE offers:

- 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



Value of our Research Learnings

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!

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