Nutrition and Dietetic Care Process

Process

The purpose of the dietetic care process is to define the actions, critical thinking and specialist skills that are the components of a dietetic intervention. It describes the skills and knowledge required and demonstrated by a dietitian in carrying out a nutrition and dietetic intervention. It supports the implementation of a standard level of care, individualised to the circumstances of the individual, group or community. Other members of the health and social care team or the nutrition and dietetic service will be involved at several stages, but this document is solely concerned with describing the dietitians’ input. The care process applies equally to an intervention with an individual, an education or therapeutic group, providing nutrition and dietetic services for a defined population or public health campaigns with a community. In all situations the process is the same; assessing the need, describing this need, planning to meet this need, carrying out the planned intervention and concluding the cycle with monitoring and evaluation. The cycle may conclude there or may be repeated many times; either within a single programme or several programmes with the same patient, group or population. Indeed the dietitian may have to revisit parts of the cycle to reassess, add new diagnoses or modify the plan.

The processes described apply at all stages of a dietitian’s career, however they may be applied with differing levels of skill and understanding, the breadth and depth of assessment tools used will vary, and a wider variety of interventions will be applied. Many of the skills and most of the knowledge of a dietitian are transferable between different settings, they may be applied in differing ways, and be supplemented by new knowledge and skills but the core remains.

Nutrition and Dietetic Care Model

The nutrition and dietetic care process is only part of the nutrition and dietetic care model. The model describes the context in which the dietitian works and the environment in which care is delivered and which supports care delivery. Central to the model is the relationship between the dietitian and the client, group or community. This relationship is influenced by characteristics of both the client group and the dietitian, along with the skills the dietitian possesses and uses to develop this relationship. The nutrition and dietetic care process is embedded within, and cannot be separated from the environment in which the care is delivered. In the model, the environment is described in terms of what the individual dietitian and the profession brings to the process in terms of their personal and professional scope of practice. This includes reflective practice and continuing professional development, evidence based practice and anti-discriminatory practice. The outer ring, describes the strategic and policy environment in which care is delivered. This context of practice includes the healthcare system and practice settings, clinical governance structures, the legal, ethical and regulatory frameworks in which the practice of all health professionals is embedded.

Application

The process is a structured framework used to support the provision of care, it is not designed to standardise care but rather aid individualised care. While the Nutritional and Dietetic Care Model and Process can be described as complete in themselves, they have further uses:

- To develop and describe care programmes for different care groups.
• Guide dietitians to specific competencies they need to develop to work with different care groups or settings.

• Support professional and personal development by describing the skills, including critical reasoning and specialist skills which are required by a dietitian.

• Inform development of quality and outcome measures.

• Developing consistent recording systems, either paper or electronic.

• Inform development of electronic record systems by describing the processes which will need to be recorded and indicating links to other components of the record.

• Add a profession specific dimension to an individuals’ KSF outline, guide CPD and KSF portfolio/profile development.

• Support consistent understanding within and external to profession of dietetics of dietetic roles and expectations.
### Identification and Assessment of Nutritional Need

#### Definition
This is the first step in the dietetic care process. Its purpose is to obtain adequate and relevant information in order to identify nutrition-related problems and to inform the development of the intervention.

Assessment is a **systematic** process of obtaining, verifying and interpreting data in order to make decisions about the nature and cause of nutrition related problems. 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 process.

#### Data Sources
The specific data collected in the assessment will vary with the practice setting, individual, groups’ or communities’ present health status, relationship to outcomes expected, evidence base, or if initial or review assessment but will include:

- Referral information
- Multi-disciplinary records
- Patient/client interview
- Community-based surveys and focus groups
- Nutrition surveys
- Local health surveys
- Epidemiological studies

#### Components
- Psychological, social, functional and behavioural factors.
- Dietary intake.
- Health and disease status, especially in relation to consequences for nutritional status eg: current medical problems and the progression of the disease or prognosis, medication including over the counter medication and supplements, physiological measurement, anthropometrics, biochemistry.
- Concurrent treatment or interventions.
- Patient/clients/communities’ knowledge, willingness to change and potential for changing behaviour.

#### Critical Reasoning and Specialist Skills
These are critical thinking skills, particularly required in the assessment step
- Determining whether to accept the referral.
- Observing for verbal and non-verbal cues, which can 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 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.
**Recording**
Recording of the processes and outcomes of the assessment are fundamental to safe and effective practice with an individual or therapeutic group.

The data to be recorded includes:
- Date and time of assessment/contact.
- Data collected and comparison with norm.

For review
- Changes in level of understanding and knowledge, food and physical activity related behaviours, or motivation.
- Changes in clinical indicators.

For work with communities or strategy development, recording will usually take place within a project management report or similar framework.

**KSF Dimensions**
- HWB1 promotion of health and wellbeing and prevention of adverse effects of health and wellbeing.
- HWB6 assessment and treatment planning
- IK2 Information collection and analysis
- G1 learning and development
- Core 1 communication
- Core 2 personal and people development
- Core 6 equality and diversity

**Identification of Nutritional and Dietetic Diagnosis**

**Definition**
Is 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 clustered assessment data.

**Components**
There are 3 components to the description of the diagnosis; the problem, the aetiology and the signs and symptoms.
1. **The Problem**
   This describes the alterations in the patient/client/group/communities' 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/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 exists.

**Critical Reasoning and Specialist Skill**
Analysis of the data.
Finding patterns and relationships among the data and possible causes.
Making inferences (“if this continues to occur, then this is likely to happen”).
Stating the problem clearly and singularly.
Being objective and factual (suspending judgement).
Making interdisciplinary connections.
Ruling in/ruling out specific diagnoses.
Prioritising the relative importance of problems for patient/client/group safety.
Documentation

A nutrition and dietetic diagnosis is the professional opinion/impression of a dietitian at a given point in time. Therefore, as more assessment data becomes available, the documentation of the diagnosis may need to be revised and updated. Inclusion of the following information would further describe quality documentation of this step:

- Date and time.
- Written statement of nutrition diagnosis.
- In electronic systems this diagnosis will be coded using SNOMED, CT or READ codes.

KSF Dimensions

HWB1 promotion of health and wellbeing and prevention of adverse effects on health and wellbeing.
HWB6 assessment and treatment planning.
IK2 information collection and analysis.
Core 1 communication.
Core 2 personal and people development.
Core 6 equality and diversity.

Formulate and Plan Nutrition and Dietetic Intervention

Definition

An intervention is a set of activities and associated materials which are used to address the identified diagnosis or problem. A nutrition and dietetic intervention is a set of actions and activities designed with the intent of changing nutrition related behaviours, risk factors, environmental factors or aspect of health or nutritional status of the individual, group or community. All interventions are planned with the communities, clients, patients and carers who are the receivers 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.

Data sources/tools

- Evidence based guidelines or professional consensus such as Cochrane reviews, professional guidelines or BDA professional guidance documents
- NICE/SIGN/QIS/CREST/NSF or other national guidance or strategy
- Current research literature
- Results of audits or other quality or governance programmes
- Behaviour change theories
- Interpersonal skills
- Reflection and professional experience

This step includes determining the outcomes of the intervention which will include, but are not restricted to:

- Direct nutrition outcomes (knowledge gained, behaviour change, food or nutrient intake changes, improved nutritional status)
- Clinical and health status outcomes (laboratory values, weight, blood pressure, risk factor profile changes, signs and symptoms, clinical status, infections, complications)
- Patient/client-centred outcomes (quality of life, satisfaction, self-efficacy, self-management, functional ability)
- 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)
Components

- Prioritise the nutrition and dietetic diagnoses depending on the severity of the problem, patient/clients and other stakeholder views on the problems and perceptions of importance, and probability that intervention will lead to positive outcomes.
- Consult evidence based guidelines.
- Work with clients/patient/carer or community to identify 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 the intervention plan. This will include dietetic prescription for an individual; education plan for individual or group, community programme or health community strategy.
- 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 prescription or intervention plan.
- 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.

Documentation

Documentation supports all aspects of the dietetic care process. Recording should be accurate, relevant and timely. Accurate recording supports implementation of the plan and continuity and consistency of care between professionals. Recording at this stage includes

- Date and time.
- Specific treatment goals and expected outcomes.
- Recommended interventions individualised for patient/client/community, with whoever is responsible for each action.
- Any adjustments to the plan and justifications for these changes.
- Referrals made and resources used.
- Any other information relevant to providing the intervention and monitoring progress over time.
- Plans for follow-up and frequency of care.
- Rationale for discharge if appropriate.
**KSF Dimensions**
- HWB1 promotion of health and wellbeing and prevention of adverse effects on health and wellbeing.
- HWB2 assessment and treatment planning.
- G1 learning and development.
- Core 1 communication.
- Core 2 personal and people development.
- Core 6 equality and diversity.

**Implement Nutritional Intervention**

**Definition**
This is the action phase of the nutrition and dietetic care 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.

**Data sources/tools**
Variety of current patient/client education materials in appropriate mediums including written or digital sources, teaching plans, social marketing materials, public involvement strategies, etc.

**Components**
- Communicate the plan.
- Education of patient/client/other professionals in a variety of settings, using different techniques.
- Continue data collection and modify plan as needed.
- Facilitation.
- Team building.
- Developing opportunities for involvement.
- Individualise the intervention.
- Behavioural change techniques.
- Collaboration with other professionals, clients, carers or car workers.
- Revision of strategies as changes in condition/responses occur.
- Management or supervision of others carrying out plan.

**Critical reasoning and specialist skills**
- Reflection in action including transferring knowledge from one situation to another.
- Supervision of other members of team.
- Setting goals and prioritising.
- Refining the nutrition and dietetic prescription or basic 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.

**Documentation**
- Actions carried out within plan.
- Patient/client responses to actions.
- Education methods and materials used.
- Plans for follow up.
**KSF Dimensions**

HWB 1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing
HWB7 Interventions and treatments
G1 learning and development G& capacity and capability
Core 1 communication
Core 2 personal and people development
Core 6 equality and diversity

**Monitoring and Evaluation of Nutrition and Dietetic Intervention**

**Definition**
Monitoring refers to the review and measurement of the client/patient/groups status at planned intervals with regard to the nutrition diagnosis, intervention plan and outcomes. Evaluation is the systematic comparison to current findings with previous status intervention goals or a reference standard.

**Data sources/Tools**
The data and the form of the data to be collected are directly related to 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, pre and post tests (as appropriate to diagnosis and intervention).
- Data collection forms, databases and software.
- Client, group or community feedback.

**Components**

**Monitor progress**
- Check patient/client/group understanding and compliance with plan.
- Determine if the intervention is being implemented as prescribed.
- Provide evidence that the plan/intervention strategy is or is not changing patient/client/group behaviour or status.
- Identify other positive or negative outcomes.
- Gather information indicating reasons for lack of progress.
- Support conclusions with evidence

**Measure outcomes**
- Select outcome indicators that are relevant to the nutrition diagnosis or signs or symptoms.
- Dietetic goals, medical diagnosis, and outcomes and quality management goals.
- Use standardized indicators to increase the validity and reliability of measurements of change and facilitate electronic recording, coding, and outcomes measurement.

**Evaluate outcomes**
- Compare current findings with previous status, intervention goals, and/or reference standards.
### Critical reasoning and specialist skills
- Selecting appropriate indicators/measures/
- 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 or continuation of dietetic intervention.

### Documentation
- Date and time.
- Specific indicators measured and results.
- Progress toward goals.
- Factors facilitating or hampering progress.
- Other positive or negative outcomes.
- Future plans for dietetic intervention, monitoring, and follow up/continuation or discharge/completion

### KSF Dimensions
- HWB 1 Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing
- HWB7 Interventions and treatments
- G1 learning and development
- G7 capacity and capability

Nutrition and Dietetic Care Model

Risk Management Systems

Critical thinking and analysis

Scope of personal and professional practice

Identification and assessment of nutritional need

Formulate and plan nutritional intervention

Implement nutritional intervention

Monitoring and evaluation of intervention

Dietetic Knowledge and Skills

Evidence-based practice

Communication skills

Context of Practice

Continuing Development

Reflective Practice

Regulatory and Validation Systems

Ethical and legal basis of practice

Relationship between dietitian and service user

Identification of nutritional diagnosis