

DIETS DIEL2

THEMATIC NETWORK FOR DIETETICS

Newsletter 9

March 2011

Dear All,

I am delighted to be writing to all of you and introducing our 9th Newsletter (eight Newsletters were distributed as part of the first funded DIETS Network). We are up and running and our conference in Amsterdam was a good kick-off meeting. The snow did not stop the very good exchange of ideas and the start of our Work Packages. On the next page, I share with you in more detail the work of the Network and our ambitions. You will also be able to read more about what our keynote speakers had to say and see a few of the very interesting slides they had to share with us.

I mentioned that the bad weather did not stop us having all the speakers present. Two speakers could not fly as their airports were closed and so had to make their presentations using virtual technology. We also had a talk and workshop hosted by the Chief Scientific Officer of the American Dietetic Association, who shared with us work on a Nutrition Care Process and standardised language that can be adopted by all dietitians working world-wide. We were able to discuss with other dietitians who have already been using the 'language' and the care process in Europe. The challenge will be for higher education to prepare students to work with a new 'language' but it will benefit not only the profession, but also our clients, patients and other service users.

The preliminary programme for our next conference in Barcelona is in this Newsletter and we will be continuing to profile the work of specialist dietitians with a view to developing competences at Master's and Doctoral level. This conference will also challenge higher education to develop courses in evidence-based practice.

We have 95 partners in all 31 countries of Europe so there are many opportunities to learn more from each other. We need to be good at sharing the information about the Network and supporting its work. So, we shall be using our Key Contacts again in each partner to help support getting our message out to everyone who has an interest in dietetics and nutrition.

Please distribute this newsletter and keep information and news coming into our two editors Heida Hilmisdottir heida@landspitali.is and Clare Corish Clare.Corish@DIT.ie

Happy networking



Anne de Looy
DIETS2 Network Coordinator
& Professor of Dietetics



Building a strong evidence-based approach to nutrition and dietetics.

www.thematicnetworkdietetics.eu

Introducing Plans for DIETS2

Dietitians ensuring education,
teaching and *professional quality*

- ❑ work with higher education to create, define and embed lifelong learning, thereby raising the expertise of dietitians in Europe, becoming a world quality reference
- ❑ work with National Associations to ensure demonstrable worldwide quality of lifelong learning
- ❑ strengthen research capability and capacity in new graduates, ensuring development of a knowledge triangle in dietetics
- ❑ develop, in partnership with enterprise and others, work-based learning / placements to embed good and diverse practice

At the successful conference in Amsterdam, I had the privilege of working with our work package leads and their groups. I was able to present an overview of the project and deliverables for the first, second and third years and I would like to share these with you too. Our aims are on the side bar to this letter.

Here are just a few things that our Work Packages (WP) will be producing (with your help and support) over the next few years:

- ✓ A guide to new and innovative placements **(WP1)**
- ✓ A lifelong learning 'toolkit'; competences at 2nd and 3rd cycle **(WP2)**
- ✓ More lifelong learning opportunities and increasing the transparency of qualifications **(WP3)**
- ✓ Innovative ICT-based education materials with the cooperation of HEIs and enterprise **(WP4)**
- ✓ A more ICT 'literate' network of dietitians across Europe **(WP4)**
- ✓ Conferences, publications and guidelines on teaching enquiry based learning (EBP) **(WP5)**
- ✓ An e-journal to promote an evidenced-based approach for students and for dietitians in Europe **(WP5)**

I would like to introduce the WP Leads to you so that you can contact them if you would like to join a WP or if you are just interested in what they are doing: all notes from meetings and activities are filed on the website under the working group.

WP1 Sofie Joossens sofie.joossens@khleuven.be

WP2 Agneta Hörnell agneta.hornell@kost.umu.se

WP3 starts in October 2011

WP4 Pita Vandeveld Pita.vandevelde@plantijn.be

WP5 Jager Mirjam Mirjam.Jager@han.nl

WP6 Anne de Looy (Management Group) adelooy@plymouth.ac.uk

WP7 Judith Liddell (Quality) network.manager@thematicnetworkdietetics.eu

WP8 Ana Catarina Moreira (Exploitation) ana.moreira@estesl.ipl.pt

WP9 Clare Corish (Dissemination) Clare.Corish@DIT.ie

Happy Networking,



**Achievements for the Thematic Network DIETS and
New Beginning for DIETS2**

**Anne de Looy / Professor of Dietetics, University of Plymouth &
Network Coordinator DIETS2 & Honorary President, EFAD / England**

The DIETS Network has 128 partner institutions. Between 2006 and 2009, DIETS held 3 conferences and produced 8 newsletters. Dietitians and their academic colleagues made 48 exchange visits across Europe to learn more about culture, education and dietetic practice. DIETS working groups produced reports on:

- the use by dietitians of Information Technology and Communication (ITC)
- academic and practice placements across Europe
- best practice in dietetic education and change over three years
- dissemination activities and added value of a Thematic Network for dietitians

On 1 October 2010, DIETS2 began the good work started in DIETS. This three-year project will:

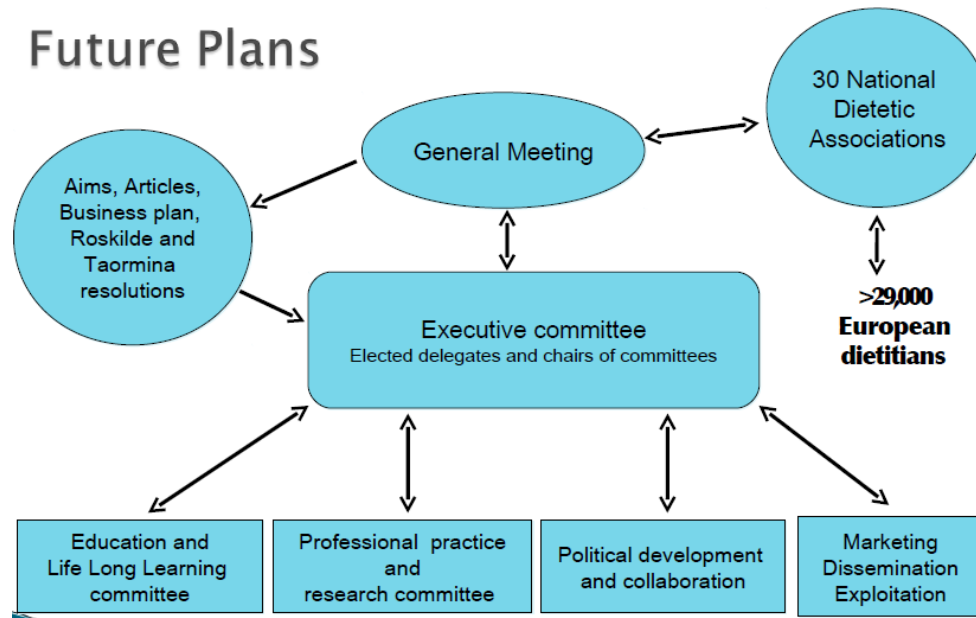
- look at practice placements in novel surroundings
- produce a 'toolkit' for European dietitians concerning lifelong learning
- promote the use of ITC for learning
- produce resources for teaching enquiry-based learning
- produce dietetic competences for dietitians at Master's and Doctoral level

DIETS2 draws on partners from all 31 countries of Europe (including the aspiring countries such as Turkey). The enthusiasm of Network partners to share resources, expertise and the motivation to succeed is the key to success

European Federation of the Associations of Dietitians: Dietetic Priorities for Europe

Judith Liddell / Secretary General, EFAD & Network Manager, DIETS / Germany

- Establish EU-wide standards of education, training & lifelong learning
- Initiate research to provide evidence base
- Develop a system of recognition or registration
- Collaborate & engage politically
- “Nutrition and health in all political policies”



Recent restructuring will enable EFAD to:

- meet future challenges
- serve members' needs
- improve nutritional health of the population of Europe

Using Information Communication Technology (ICT) for Improving Nutritional Habits

Roy Ballam / Education Programme Manager, British Nutrition Foundation / England

The use and adoption of ICT in effective teaching and learning is well documented, as are case studies about the use of ICT in engaging people with food and nutrition. However, when ICT is used, it is of paramount importance that it delivers consistent, up-to-date and accurate messages – all of which are communicated in an appropriate way, at the right level, to the end users. ICT needs to be engaging and relevant to the learner, using a range of delivery styles that provide them with personalised learning experiences. It has to be meaningful to them, in the context of an active, healthy lifestyle.

School-based case studies will be used to highlight the use of ICT in food and nutrition education, featuring interactive whiteboards, website design, differentiated online tutorials, audio and video podcasts, webinars and interactive activities. In addition, the development and use of online health tools will be examined.

The Role of Lifelong Learning for Supporting Dietetics Specialisations

Sandra Capra / Chair, International Confederation of Dietetic Associations / Australia

It is important that dietetics professionals use opportunities in all forms to maintain and improve practice. Undertaking applied research, for example, enhances LLL and builds knowledge and skills, as well as challenging practice paradigms. Key skills that every practitioner needs in order to get the most out of LLL opportunities are:

- reflective practice
- the ability to invest resources into personal growth
- understanding competence
- critical thinking
- research skills

It is no longer quite good enough to practice in the way one was taught, using the same knowledge and skill base. Rather, commitment to continuous improvement through LLL is a must for the dietetics practitioner of today and tomorrow. It is likely that LLL will be a key to long-term success.

Dietitians and their Approach to Malnutrition in Europe

Elisabet Rothenberg / President of the Swedish Association of Clinical Dietitians (DRF) / Sweden

Nutrition Diagnosis

Purpose

- Identify and label nutrition problem
- Nutrition diagnosis ... **not** medical diagnosis
- **Explicit** statement of nutrition diagnosis

American Dietetic Association

Nutrition Diagnosis Components

P-E-S Format

- **Problem:** (diagnostic label) describes alterations in client's nutrition status
- **Etiology:** cause or contribution risk factors
- **Signs or Symptoms:** defining characteristics

Problem -- related to -- Etiology --
as evidenced by -- Signs or symptoms

American Dietetic Association

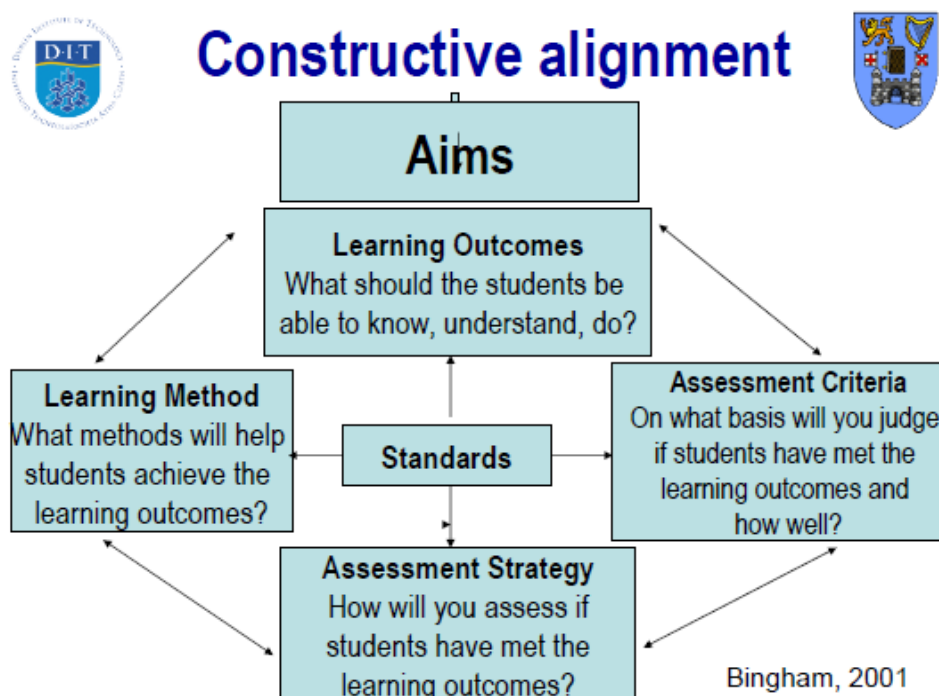
Extensive documentation exists showing the strong relationship between disease-related malnutrition in chronic disease and increased morbidity, mortality, and extended hospital stays. The condition is expensive, but still under-recognised and under-treated. Dietitians are uniquely qualified to contribute to its prevention, identification and treatment, through inter-disciplinary work and evidence-based nutrition management. Dietitians master nutrition therapy from normal food to artificial nutrition and guide the patient's journey from one form of therapy to another. Based on the individual clinical condition of patients, dietitians undertake systematic problem-solving methods such as the Nutrition Care Process to critically appraise and make decisions regarding practice-related problems. Dietitians have a leading role as experts to combat malnutrition. All malnourished patients should therefore have the right to consult a dietitian.

The Key Role of Placements for the Achievement of Dietetic Competences in Undergraduate Education

Clare Corish / Programme Director and Lecturer in Human Nutrition & Dietetics /
Dublin Institute of Technology / Ireland

Placement issues identified:

- Bridging the gap between academia and practice placement
- The assessment system should contribute to monitoring progress
- The assessment process must be standardized and validated
- Processes used to monitor skills acquisition need to be explicit, multidimensional and reflective of the complexities involved
- Self-directed learning, self-assessment & reflective practice are skills that need to be viewed as outcomes of practice placement
- Education for trainers must be within a process that acknowledges & uses their experience & is specific & developmental to the assessment process being used



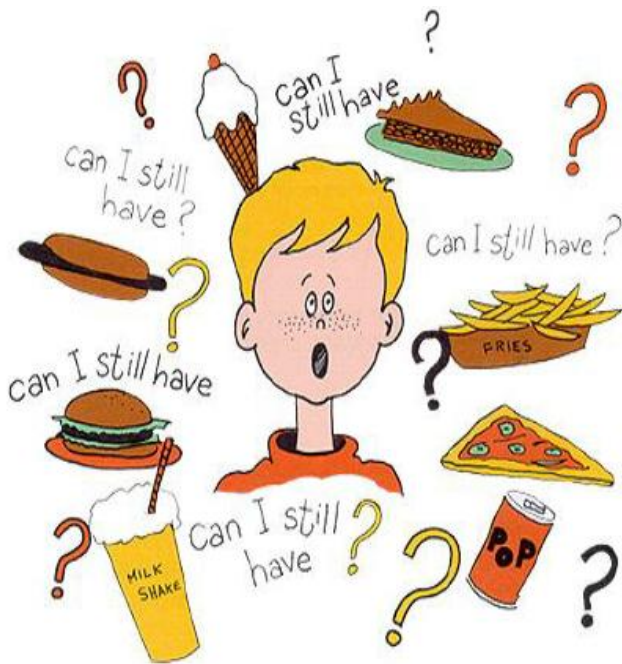
Participation in Practice Placement Education:

- Contributes to the future of the profession by helping to ensure the supply of well-trained practitioners
- Encourages personal education and evidence-based practice and thus high standards of professional practice
- Prompts reflection within dietitians' own practice
- Aids development of management, supervisory and leadership skills
- Promotes education in a department: student case presentations, journal reviews and reviews of clinical practice guidelines
- Assists in workload management as students progress and take a workload of their own
- Source of job satisfaction as students gain competence and confidence
- Provides an opportunity for dietitians as role models

Reformulation of Food Products to Reduce Salt, Saturated Fat and Sugar Levels and Challenges for the Food Industry

**Annelies Rotteveel / Lecturer in Nutrition & Dietetics,
Hague University of Applied Sciences / The Netherlands**

The food industry is developing food products with a lower content of sugar, salt and fat to meet the demand for “healthy” food products. The reduction of such ingredients is not an easy matter. Changes in product composition also have impact on the physical state and properties of food products, and thereby the storage stability, processing, and consumer preferences. Lowering sugar, salt and fat content may diminish the taste, shelf-life and texture.



Laws regulate the composition of many foods, and reformulation efforts often lead to products that could not be sold under the original product name anymore. Moreover, reformulation generates higher costs for raw materials and processing. It requires high investments and is almost impossible for smaller companies. Besides reformulation, there are other ways for food industry to decrease the consumption of foods with poor nutrient profiles (like reduced portion sizes, food labelling and health claims). The session addresses the challenges and benefits for food industry to develop nutritionally balanced and enhanced foods. Finally, a best practice example will be described of ‘food product development’ in dietetic education.

Standardised Language European Perspective; the ICF Perspective

José Tiebie / Dietitian in primary care sector / The Netherlands

The International Classification of Functioning, Disability and Health (ICF) is a classification of health and health-related domains. These domains are classified from body, individual and societal perspectives and include a list of environmental factors. In 2001, all 191 WHO Member States officially endorsed the ICF (resolution WHA 54.21) for use as the international standard to describe and measure health and disability. Supplemental to the ICF lists, the Dutch Association of Dietitians (DAD) introduced dietetic classifications in 2003. This initiative enabled the entire nutrition care process to be described. In 2010, this was updated and then approved by WHO.

The DAD chooses ICF as it looks at the total picture of the patient. By shifting the focus from cause to impact it places all health conditions on an equal footing, allowing them to be compared using a common measure. Furthermore, ICF takes into account the social aspects of disability and does not see disability as only a ‘medical’ or ‘biological’ dysfunction. Other care professionals also use ICF (such as medical staff, physiotherapists and speech therapists) and, because of this, it allows the dietitian to discuss and adjust his/her contribution to the whole treatment of the patient. This broad perspective stimulates critical thinking.

Enquiry-Based Learning and Evidence-Based Practice, Differences and Similarities

Eleni Andreou / President of the Cyprus Dietetic Association / Cyprus

What is Enquiry-Based Learning (EBL)?

EBL describes an environment in which learning is driven by a process of enquiry owned by the student/ learner. Starting with a 'scenario' and with the guidance of a facilitator, learners identify their own issues and questions. They then examine the resources they need to research the topic, thereby acquiring the requisite knowledge. Knowledge so gained is more readily retained because it has been acquired by experience and in relation to a real problem. It is essential that learners are educated for knowledge creation, lifelong learning and leadership. They will take on leading roles in their future working environments: directing change, asking important questions, solving problems and developing new knowledge.

What is Evidence-Based Practice (EBP)?

There are many definitions of EBP with differing emphases. In the definition by [Sackett et al \(1996\)](#) evidence-based medicine is: "...the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research."

Some in social work view EBP as a mix of:

- learning what treatments 'work' based on the best available research (whether experiential or not)
- discussing client views about the treatment to consider cultural and other differences, and to honour client self determination and autonomy
- considering the professional's 'clinical wisdom' based on work with similar and dissimilar cases that may provide a context for understanding the research evidence
- considering what the professional can, and cannot, provide fully and ethically

[[Gambrill \(2003\)](#); [Gilgun \(2006\)](#)]

With much similarity but some differences, the [American Psychological Association](#) defines EBP as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences".

Evidence-Based Practice Matrix

	Knowledge Poor		
National Prescription	2 Uninformed Prescription (Prior to 1999)	1 Uninformed Professional Judgment (Prior to 1987)	Professional Judgment
	3 Informed Prescription (After 1999)	4 Informed Professional Judgment (In the future)	
	Knowledge Rich		

Enquiry Based Learning

Key Principles

- Driven by learner's questions not teacher's
- Constructivist-many ways to construct meaning from knowledge and imparting skills is more important than specific information
- Metaphor is "surfing the web"



Source: Adapted from Barber, M. (2002). *From good to great: Large-scale reform in England*. Paper presented at Futures of Education conference, Universitat Zurich, Zurich.

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Friday 3 December

1. **Interdisciplinary Training on the Job** / Dieijen TW / The Netherlands
2. **Insight into the Work Fields and Areas of Services Delivered by Dietitians** / Daniel Buchholz / Germany
3. **Delivering Food Composition and Other Tools to Support Dietitians and Health Professionals** / Simone Bell / Belgium
4. **Application of Dietary Reference Intakes in Dietary Assessment and Planning: Development of an E-Learning Module** / Jeanne de Vries / The Netherlands
5. **Review of Innovations for Assessing Student Dietitians** / Lynam AM / Ireland
6. **Lab4Food** / John Claes / Belgium
7. **Food Satisfaction of Patients at Hacettepe University Hospitals** / Gungor Evrim A / Turkey
8. **Food Photographs in Nutritional Surveillance: Errors in Portion Size Estimation Using Drawings of Bread and Photographs of Margarine and Beverages Consumption** / Keyzer / Belgium
9. **Fruit & Vegetables Nutrition Tools Through Websites** / Laurence Depeza / France
10. **Belgian City Goes Vegetarian on Thursday** / Sven Van Caneghem / Belgium
11. **Protective Nutrition** / Mojca Bizjak / Slovenia
12. **Adherence to the Mediterranean Diet and Prevention of Breast Cancer Risk in Postmenopausal Women** / Markaki A / Greece
13. **Salt Restriction in Hypertension** / Ildiko Kovacs / Hungary
14. **Probiotics as a Possible Therapy for Irritable Bowel Syndrome** / Daniela Grach / Austria

Saturday 4 December

1. **Correlation Between the Metabolic Syndrome (Mets) and Shift/Night Work** / Daniela Grach / Austria
2. **The Relation between Obesity, Self-Esteem and Body Image** / Maria Dimopoulou / Greece
3. **Performance of Adolescents Depending on Body Weight and Body Composition** / Zsolt Vagi / Hungary
4. **Prevention of Type 2 Diabetes: Comparison between European (IMAGE) and French Recommendations, Differences in Nutritional Habits in the General French Population** / Romand / France
5. **Bread in Type 2 Diabetes – does the type matter?** / Cathy Breen / Ireland
6. **Simplification of Approach in Restrictive Diets to Improve Compliance. A trial in PKU** / Peter Jacobs / Switzerland
7. **Acceptance of Food Enriched with a Neutral Sip Feed** / Reka Bozo / Hungary
8. **Diet Quality, Serum Lipid, Selenium and Vitamins D And B₁₂ in University Students Madrid, Spain** / Teresa Iglesias / Spain
9. **Nutrition Habits of Primary School Children** / Vilma Kriaucionien / Lithuania
10. **Dietary Calcium Intake among Adolescents in the City of Pireus, Greece** / Markaki A / Greece
11. **The Effect of Nutritional Habits of Pregnant Women on Somatometric Characteristics of Newborns** / Markaki A / Greece
12. **Multivariate Analysis in Adolescents and Young students in Madrid (Spain)** / Teresa Iglesias / Spain



Friday 21 October

Theme: Building an Evidence-based Approach in Dietetics

Lectures:

Principles of gathering evidence (what is dietetic evidence and where is it to be found?)

Evidence-based practice or practice-based evidence? (capturing the evidence)

Debate:

Where should we educate our students to be evidence-based practitioners?

- in higher education?
- in practice?

Posters and communications

Workshops to support dietitians:

Writing for publication; Making a case for funding; Developing your project brief; Getting started

Lecture:

Is there such a thing as dietetic research?

Saturday 22 October

Theme: Maintaining quality through an evidence-based approach

Lecture:

Defining professional quality in dietetics

Workshops on evidence bases in special areas of dietetics; Obesity, Aging, Diabetes, Paediatrics, Administrative, Public health nutrition/dietetics

Posters and communications

Lectures:

Using Life Long Learning to build your evidence

Building competences: is a master's, doctorate or professional doctorate necessary?

Making the most of electronic resources

Using the International Dietetic and Nutritional Terminology (IDNT) for research and evidence

Poster Submissions: more information will soon be available on the DIETS website

www.thematicnetworkdietetics.eu

Speakers are currently being invited. If you have a nomination please send to:

network.manager@thematicnetworkdietetics.eu

www.thematicnetworkdietetics.eu

DIETS2 Business Page

Publications Policy: March 2011

DIETS2 encourages the publication of all of its activities and outputs, eg:

- publications in journals
 - articles
 - pamphlets
 - booklets
 - books
 - chapters in books
 - newspaper reports
 - blogs
 - webcasts
 - PowerPoint presentations
 - web entries (Facebook, UTube)
 - any other document in the public domain
- a) All such publications and outputs **must** include DIETS or DIETS2 in the title.
b) All outputs written by any partner (or member of a partner) **must** include this disclaimer:

“This project has been funded with support from the European Commission. This publication [communication] reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein“.

and **must** use the logo of the Agency, available on the DIETS website. See example at the bottom of this page.

- c) All outputs and publications, in any accepted EU language, **must** be sent to Clare Corish (WP9 lead) Clare.Corish@DIT.ie or Ana Caterina Moreira (WP8 lead) ana.moreira@estesl.ipl.pt or network.manager@thematicnetworkdietetics.eu or be posted on the DIETS website. (An abstract in English would be very useful.)
- d) The order of names on any journal publication will be agreed **before** the output is developed and be in this order: **Lead author** followed by **other authors** (alphabetical order by surname) followed by **the Network Coordinator’s name**.

Claims

All Partners who are able to claim for staff time and subcontracting will receive information about how to claim very shortly. If you need to enquire, please ask the Coordinator (adelooy@plymouth.ac.uk) or the Manager (network.manager@thematicnetorkdietetics.eu)

If you have not yet claimed expenses for attending the DIETS IV Conference, please do so quickly. The deadline for making claims has been extended to 30 April 2011. **No applications for reimbursement of expenses will be considered after this date.**



Education and Culture DG

Lifelong Learning Programme

“This project has been funded with support from the European Commission. This publication [communication] reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein“.

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