Report on Knowledge and Use of a Nutrition Care Process & Standardised Language by Dietitians in Europe

Adapted from the work and full report prepared by KA Yuill
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Contents

EUROPEAN
FEDERATION OF
THE ASSOCIATIONS
OF DIETITIANS

Acknowledgements

The European Federation of the Associations of Dietitians (EFAD) would like to thank the following for their contribution to this report:

Abbreviations

AND Academy of Nutrition & Dietetics (in this report, referred to as 'the Academy')
BDA British Dietetic Association
DMH Diëtistisch Methodisch Handelen
EFAD European Federation of the Associations of Dietitians
EHR Electronic Health Record/s
EU European Union
GP General Practitioner
HCPC Health & Care Professions Council
HP Healthcare Professional
HPC Health Professions Council
ICD International Classification of Diseases
ICDA International Confederation of Dietetic Associations
ICF International Classification of Functioning, Disability & Health
ICF-D International Classification of Functioning, Disability & Health - Dietetics
IDNT International Dietetic s & Nutrition Terminology
INDI Irish Nutrition & Dietetic Institute
NCP Nutrition Care Process
NDA National Dietetic Association/s
PC Primary Care
PH Public Health
PONIP Patient, Objective, Nutrition, Integration, Plan
PP Practice Placement
PPC Professional Practice Committee
SL standardized Language
SNOMED Systematized Nomenclature of Medicine
SNOMED CT Systematized Nomenclature of Medicine – Clinical terms
SOAP Subjective, Objective, Assessment, Plan
SRAG Scientific Research Advisory Group
UK United Kingdom
UMLS Unified Medical Language System
WHO World Health Organisation

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Summary

Dietetic practice has seen significant changes over the past few decades which have prompted dietitians to become more accountable and, therefore, more aware of treatment outcome and evaluation. Audit of dietetic practice and performance is dependent on reliable data collection and dissemination of the results. An increasing wealth of published evidence has demonstrated the numerous benefits which can be gained by application of a nutrition care process (NCP) and standardised language (SL). Potential advantages include consistency in dietetic practice, enhanced professional profile, availability of outcome data, and facilitation of critical reasoning.

One of the 2012 objectives of the European Federation of Associations of Dietitians (EFAD) is to establish baseline data on differentials in dietetic care in member states. EFAD proposes that proven, effective strategies can reduce inequitable provision of dietetic care; therefore, it is essential that dietitians evaluate their practice and share these results. This is reliant on the accumulation of appropriate and concise quantitative and qualitative data. The specific data which record dietetic care should demonstrate the unique contribution that dietetic practice makes to healthcare and, also, that the specific data fields are an integral part of databases. As European healthcare moves towards the introduction of electronic health records, it is of paramount importance that dietitians establish a systematic method of documentation. To help achieve this EFAD elected to investigate knowledge and use of a Nutrition Care Process (NCP) and standardized language (SL) throughout Europe.

The results of this survey indicate that there is an increasing interest in NCP and SL amongst the member associations of EFAD contributing to this report. Four different SL and one clinical terminology , either, known to, or, being used by dietitians in Europe: International Classification of Functioning, Disability & Health (ICF); International Classification of Functioning, Disability & Health – Dietetics (ICF-D); International Dietetics & Nutrition Terminology (IDNT); the SL of the Polish Society of Sciences & Polish National Food & Nutrition Institute, and Systematized Nomenclature of Medicine (SNOMED). This survey extends and confirms the results of an earlier investigation by EFAD PPC that the IDNT is the preferred choice of the countries represented here.

The dietitians contributing to this report are enthusiastic and keen to work together to identify a standardized language which is both, appropriate for use in their country and can be comparable with SL used in other countries. Furthermore, they expect that EFAD should adopt a lead role in the promotion of NCP and SL use throughout Europe. Considering this documented demand that EFAD take a leading role in encouraging the adoption of SL, the PPC is obligated to provide guidance, based on the accumulated evidence. It is in the best interest of the dietetic profession to adopt a language that enables systematic documentation of nutritional care that can be compared, shared, and used in research, seamlessly, throughout Europe.

Introduction

The process of describing dietetic care has gradually been evolving over the past few decades. The Academy of Nutrition and Dietetics (AND, the Academy) has been working for many years to develop a process which accurately describes and emphasises the work of dietitians. The International Confederation of Dietetic Associations (ICDA) has recently conducted an international investigation into the use of a nutrition care process with the aim of agreeing a structure which could have global use. In 2003, the Academy's House of Delegates adopted the NCP to provide dietetics professionals with a framework for critical thinking and decision-making. This has resulted in more effective care and increased visibility of the role of dietetic professionals. "If we cannot name it, we cannot control it, finance it, teach it, research it, put it into public policy, or claim reimbursement for it. Without a viable and standardized language system to describe the nutrition care of patients in all settings, our discipline will remain invisible in health care systems, and our value and importance will go unrecognized and unrewarded" (Hakel-Smith & Lewis, 2004). The associated language for the NCP, IDNT (ADA, 2011), has been evolving since the nutrition diagnosis terminologies in 2005. The IDNT is promoted by International Confederation of Dietetic Associations (ICDA).

In Europe, dietitians are also working to decide which nutrition care process models and SL to adopt. EFAD, through the work of Professional Practice Committee (PPC), is giving consideration to a variety of different models and different standardized languages. Last year EFAD PPC conducted a survey to investigate the use of the International Dietetics & Nutrition Terminology (IDNT) in Europe (Papoutsakis & Orrevall, 2012). This survey takes that investigation to the next stage by seeking to understand better how dietitians in Europe use a NCP and associated SL.

An increasing number of dietitians working in the European countries represented in this report are becoming aware of IDNT, which is endorsed by the ICDA.
The Dutch Institute of Allied Health Care and Dutch dietitians have customised the International Classification of Functionality, Disability and Health (ICF) by adding additional terms specific to dietetics. The Dutch ICF-D is endorsed by the World Health Organisation (WHO) for nutrition and dietetics.

This report will summarise responses obtained from interviews about knowledge and use of NCP and SL. An identical questionnaire was distributed to delegates representing the member associations of EFAD. The results from the questionnaire responses were combined with the interview results and will be presented here.

Recommendations for future NCP/SL activity will be made. These recommendations will be considered by EFAD delegates at the General Meeting.

Methods

INTERVIEWS

An interview schedule, which also served as a questionnaire, was devised to determine the knowledge and/or use of a dietetic care process and standardized language by members of EFAD (. The interview schedule/questionnaire was structured into two parts. The first sought information on knowledge and use of NCP and the second on SL.

Selection criteria included: recent experience or knowledge of dietetic practice, within the previous 5 years, in a member country of EFAD; recent experience or knowledge of dietetic education, within the previous 5 years, in a member country of EFAD.

Participants who were interviewed were asked to provide signed consent for the telephone interview to be audio-recorded. It was emphasised that participants could request that the recording be stopped at any point in the interview and that only the respondent's National Dietetic Association (NDA) would be identified in the report.

In June and July, 2012, 20 dietitians who met the selection criteria were sent an e-mail invitation to participate in the interview process. E-mail reminders were also sent in July and August, 2012.

The qualitative interviews followed an interview guide and were conducted during July and August 2012, virtually. The interviews were conducted with dietitians who were deemed to have knowledge, of varying degrees, of a structured method of documentation of dietetic care and standardized language.

The interviews were conducted, transcribed, analysed and reported by the same researcher. The recording of each interview was deleted immediately after transcription.

QUESTIONNAIRES

In order to further elucidate the current situation regarding structured documentation and standardized language in Europe, the questionnaire used to guide the interviews was circulated to EFAD member associations. The questionnaire was sent on August, 2012, via e-mail, with a final submission date of 31st August. Reminders were sent on August 21st, 2012. Responses were analysed and reported by the same researcher.

OVERALL RESPONSE: INTERVIEWS & QUESTIONNAIRES

The responses from the interviews and questionnaires were analysed, and results presented by the same researcher.

Results

INTERVIEWS

During July and August 2012, 14 qualitative interviews were conducted, virtually. Each interview consisted of 24 core questions; 4 on NCP, and 20 on SL.
Two interviewees asked for the questions to be sent in advance of the interview. As a result of technical problems, two interviews converted to written response to the interview questions. Three dietitians elected to provide written responses in preference to interview. Three dietitians failed to respond to the invitation, giving a participation rate of 85%.
The average interview time was 55 minutes (range 38 – 94 minutes).

QUESTIONNAIRES

Questionnaires, containing the same 24 questions as the interview script, were available from 10th August, 2012. Last submission date was 10th September, 2012.
Eleven questionnaires were returned giving representation from the 11 countries. This represents a 38% response rate.

OVERALL RESPONSE: INTERVIEWS & QUESTIONNAIRES

The results from the interviews and the questionnaires were combined. Overall, there was a total of 28 responses representing a 57% participation rate.

The Documentation Process for Dietetic Care

QUESTION 1: In your country of employment has your NDA made recommendations about the use of a structured way of recording dietetic care?

OVERALL RESPONSE – INTERVIEWS & QUESTIONNAIRES
- Fourteen respondents reported that their NDA had made a recommendation about dietetic documentation
- Ten respondents indicated that their NDA had not made a recommendation regarding the process for recording dietetic care
- Four respondents were unaware of any official recommendation.

Figure 1: Overall response – NDA care process recommendation

Question 2: Do you think there should be one structured method of recording dietetic care?

OVERALL RESPONSE – INTERVIEWS & QUESTIONNAIRES

- A total of 19 respondents thought that there should be one structured method of dietetic care which would be used throughout Europe.
- Six respondents thought it was a good idea but, unnecessary that it must be identical. The important point being that there should be comparable steps.
- Three respondents were not sure that this would be imminently possible (Figure 4). Comparable steps would be the important factor here.

Figure 2: Overall response: One structured method to record dietetic care to be used throughout Europe

Question 3: What process do you use/teach to document dietetic care?

OVERALL RESPONSE – INTERVIEWS & QUESTIONNAIRES

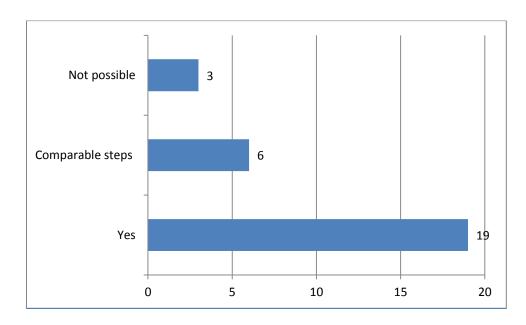Table 1 presents the processes used by the interviewees and questionnaire respondents to document/teach documentation of dietetic care.

Country	Recommendation	Process	Steps	European NCP
Austria	Yes	Diätologischer Prozess	7	Yes
France	Yes	NCP	4	Yes
Germany	Yes	NCP/DMH/VDD Quality guidelines	4/6	Comparable steps
Greece	No	SOAP/NCP	4/4	Comparable steps
Holland	Yes	DMH	6	Comparable steps
Italy	Yes	NCP	4	Yes
Norway	Unaware	NCP	4	Yes
Sweden	No	NCP	4	Yes/ not possible
Switzerland	Not official	NCP	4	Yes
Turkey	No	-	-	Yes
UK	Not yet	Model & Process for Nutrition & Dietetic Practice/PONIP	6/5	On some levels

Table 1: Interview response – care process

Question 4: Are you aware that an international consultation about the nutrition care process is being conducted by ICDA?

OVERALL RESPONSE – INTERVIEWS & QUESTIONNAIRES

Twenty-four respondents were aware that there was, currently, an international consultation regarding NCP being conducted by ICDA. Three respondents were not aware of this consultation and one was unsure.

Standardized Language

Question 1: What is your understanding of a SL – can you define it?

INTERVIEW RESPONSE

Participants were asked about their understanding of SL and if they provide a definition.
Sixteen respondents felt adequately-informed to give their definition of SL.
Respondents ' definitions included:

- A terminology that specifically focuses on the dietetic contribution to health care.
- 'SL is a way of expressing ourselves in terms of nutritional diagnosis, the way we document information and the way we record the intervention and follow-up. There may be certain codes which are definitive'.
- A systematic way of recording.
- 'SL we are applying to diets (↓chol diet, ↓lipid diet). We need to name these diets standardly/uniformly'.
- 'It can be used in an individual basis to audit/evaluate/prove your practice, or an organisational basis (resource), or PH data basis. Systematic recording will facilitate this'.

OVERALL RESPONSE – INTERVIEWS & QUESTIONNAIRES

Twenty-seven of 28 respondents (Figure 3) felt adequately-informed to define 'standardized language'. One respondent reported that they did not have adequate information to define 'standardized language'. Additional definitions from the questionnaires included:

- 'SL is a type of classification with terms and corresponding codes which enable global communication and recognition/understanding'.
- 'SL includes methods, protocols, tools & terminologies referring to dietetic documentation and professional practice. A language which is understood within dietetics but also by other healthcare professionals'.

Figure 3: Overall response: Standardized Language - Definition

- 'SL requires the use of a nutritional diagnosis that includes a PES statement. Using SL to reflect a nutritional diagnosis will enable audit of outcomes of dietetic intervention'.
- 'The terminology is a visual endpoint of a particular way of thinking. The implementation about ways of thinking rather than the embedding. Uniform, sharing'.
- 'Same terms used for diagnosis and recommendations'.
- 'A tool that enables documentation of dietetic care which can be compared/shared (data/output/results)'.
- 'Clearly defined terms denoting exactly the same procedures/steps/states etc.'
- Consistent recording.

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Question 2: What proportion of the following groups is interested/involved in working with SL?

OVERALL RESPONSE – INTERVIEWS & QUESTIONNAIRES

Respondents were asked about the level of interest or involvement amongst different groups of dietitians; hospital dietitians, Primary Care dietitians, Public Health dietitians, research dietitians, and administrative dietitians.

- All interviewees were unsure of the exact proportions who were involved or interested in working with SL, indeed, in many respondent countries, the concept of Primary Care dietitians does not exist. However, the general consensus, fifteen respondents, reported that the greatest level of interest is from hospital-based dietitians.
- One country said there is enormous interest in SL, specifically IDNT. Many others are interested and it was estimated that approximately 25% of all the dietitians work with IDNT in some way. Importantly for this report, more would do so if there were more training resources available.
- Another responded that IDNT is used by 60% of hospital dietitians and used by approximately, a further 25% of dietitians working in settings outside of hospitals.
- It was reported that all hospital dietitians, or those with links to a hospital, are using ICF-D.
- All respondents reported a lot of interest, which is increasing rapidly.

Question 3: Which SL, if any, do you use/would you choose to use?

Interviewees responded as follows.

- Six countries have elected to work with the IDNT. IDNT is only actively used on a pilot basis in some areas and has been translated and pilot exercises conducted. In one country a pilot is being conducted of IDNT use in a combined acute/ community/ PH/ Mental Health setting and it is anticipated that this will be repeated in other areas, as the use of electronic health records increases. Only a few dietitians are familiar with IDNT and are aware that their NDA is working towards implementation. In another country two large university hospitals have started implementation, and are actually using IDNT. It was also reported that other hospitals are very interested in IDNT. The nutrition diagnosis step is the most frequently implemented. The translation of the 4[th] edition of the IDNT will be funded by their NDA.

- In another country dietitians have been working towards the implementation of SL since 1996 and have now decided to adopt the IDNT.

- One country has formed a working group[t]o discuss SL; however, it is not actually being used currently. The working group has decided to use the English version of the IDNT as translation costs could be high. The fact that ICF-D was only available in Dutch was highlighted as part of the reason for their choice of IDNT.

- The ICF has been introduced into the health care system and legislation in one country although respondents were also interested and knowledgeable about IDNT, suggesting the possibility of a combination ICF-D/IDNT standardized language. Logical Observation Identifiers Names & Codes (LOINC) and SNOMED were mentioned, however, the respondent did not think that any dietitians actually used either.

- ICF-D is used and taught throughout one country and this NDA is the only reported in this investigation, to officially recommend the use of a specific SL.

- SL knowledge is limited in one country and one concern expressed in this interview was the fact that only physicians can diagnose, therefore, even use of a NCP is a challenge for dietitians.

Question 4: What are the pros/cons with this SL?

Interviewees were asked what they perceived as the pros and cons of the SL that they, either, use or would choose to use. Table 2 presents the reported, perceived pros and cons of the three SL used by or familiar to this group of respondents: ICF, ICF-D, IDNT.

SL	Pros	Cons
ICF	• WHO endorsement • Multi-lingual availability • Used by other HP groups	• Inadequate to report dietetic care
ICF-D	• ICF-dietetics is used in guidelines / health care standards • Bio-psycho-social-model for an holistic description of health status and health- related domains • Free online pdf • Dutch tools /examples	• ?evidence-based classification • Only available in Dutch
IDNT	• ICDA-endorsed • Appropriate dietetic terminology • P-E-S statement for nutritional problem • Examples of Problem, Etiology, Signs and Symptom combinations • Evidence-based • Comparison facilitated • Audit facilitated • Practice evaluation • Outcome evaluation • Facilitates resource planning • Contribute to PH data • Consistent recording • Manual, pocketbook, online resources linked • Facilitates accuracy • Time efficient	• Limited number of translations • Concern that translation into different languages, even within English-speaking communities emphasise differences in the understanding of different words. • patient-centred/ patient-experience data may not be able to be captured in the American version

Table 2: Pros & cons of specific SL – AS PERCEIVED BY INTERVIEWEES

OVERALL RESPONSES

Table 3 presents the combined results of the perceived pros and cons of the four SL familiar to each respondent.

SL	Pros	Cons
ICF	- WHO endorsement - Multi-lingual availability - Used by other HP groups	Inadequate to report dietetic care
ICF-D	- Clear - Uniform - WHO classification - ICF-dietetics is used in guidelines and health care standards - Bio-psycho-social-model for an holistic description of health status/health-related domains - Free online pdf - Dutch tools /examples	?evidence-based classification - Only in Dutch (at time of survey) - Long list of codes/classification - Translation
IDNT	- ICDA-endorsed - Appropriate dietetic terminology - P-E-S statement - Examples of P-E-S - Evidence-based - Facilitates research - Facilitates communication - Encourages critical thinking - Comparison facilitated - Audit facilitated - Practice evaluation - Outcome evaluation - Facilitates resource planning - Avoids misinterpretation in decision-making - Contribute to PH data - Consistent recording - Manual, pocketbook, online resources linked - Facilitates accuracy - Time efficient	- Limited number of translations - Concern that translation into different languages, even within English-speaking communities emphasise differences in the understanding of different words. - patient-centred/ patient-experience data may not be able to be captured in the American version - Difficulty in achieving agreement for use
Polish Society of Sciences and Polish National Food & Nutrition Institute SL	Improved communication	Lack of uniformity

Table 3: Pros & cons of specific SL – RESPONDENTS

Question 5: What would be/is the best way to introduce SL in the clinical setting?

OVERALL RESPONSES

Figure 4 represents the combined responses from the interviews and the questionnaires regarding the best way/s to introduce SL into the clinical setting. Once again, most respondents provided more than one method therefore; percentages of a total of 51 responses are presented.

- Education and ongoing training for dietitians (25%/13 responses).
- Twenty percent (10 responses) of all responses indicated that SL inclusion in the EHR was important.
- Inclusion of SL use in EFAD Competences and/or Ministry of Health requirements to practice accounted for 13% (6 responses) of the proposed methods to introduce SL into the clinical environment.
- Practical application/experiential learning (10%/5 responses).
- Adequate time allocation and translation, each eight percent (4 responses).
- Evidence-based SL and emphasis of SL benefits, six percent (3 each) of the total response.
- Change management skills and liaison with other HP, each (2%/1 response).
- Only one respondent was unsure about which methods would be likely to facilitate the implementation of SL into the clinical setting.
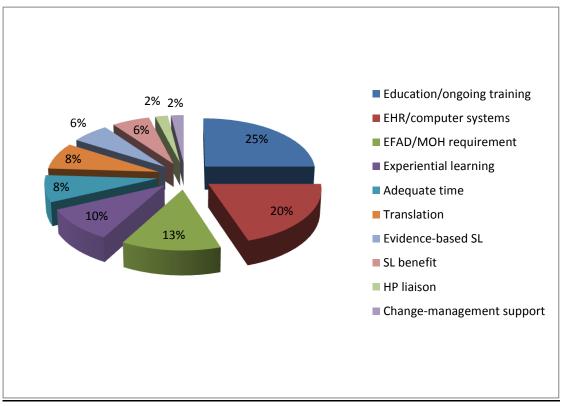

Figure 4: Overall response: Introduction aids for the clinical environment

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Question 6: What would be/is the best way to introduce SL in the academic setting?

OVERALL RESPONSE
The combined results from the interviews and questionnaires are presented in Figure 5. Most respondents provided more than one method, therefore, percentages of a total of 42 responses are presented. Numbers of responses that follow each method (number of responses).

- Core curriculum (12)
- EFAD/MoH requirement (8)
- PP/HEI collaboration (7)
- Train the trainer (4)
- Experiential learning (3)
- Computer system (2)
- Networking opportunities (1)
- Translation (1)
- HP liaison (1)
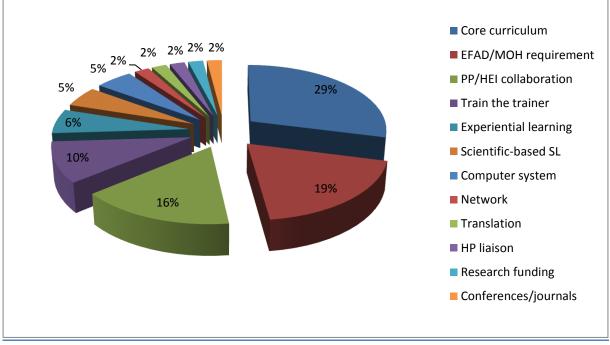- Research funding (1)
- Conference/journals (1)

Figure 5: Overall response: Introduction aids for introduction to academia

Question 7: How long will it take to implement a SL?

OVERALL RESPONSE

The combined responses indicate that the respondents in this report thought it would take a long time to implement SL.
- Time range six months to 13 years.
- Continuous evolution.

Question 8: Can you specify the setting where the SL is used?

OVERALL RESPONSE

Eighteen respondents did not specify a setting for SL; nine non-responses, nine did could not comment as SL was not used in their country.

Question 9: Has/would SL use change the perception of dietitians by colleagues and other HP?

OVERALL RESPONSE
- Twenty-four answered that it would improve this perception (Figure 6).
- Three reported that it would not change perception of dietitians.
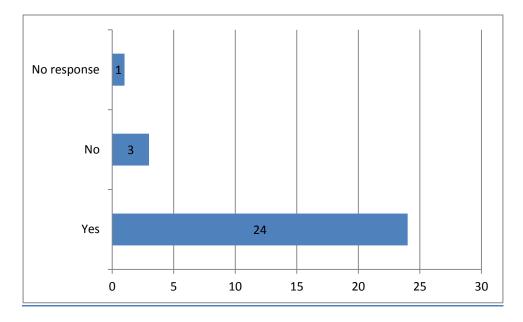- One non-response.

Figure 6: Overall response: SL use and perception of dietitians by other HP

Question 10: Has/would SL use improve the ability to audit care, facilitate a more scientific approach, improve the quality of care and outcome?

OVERALL RESPONSE – INTERVIEWS & QUESTIONNAIRES

The combined responses to this question follow.

- Twenty-seven respondents thought that SL use would improve audit ability, improve quality of care and outcome, and enable a scientific approach.
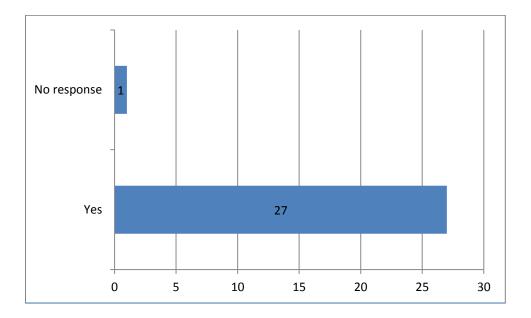- One non-response.

Figure 7: Overall response: SL use and audit, care & outcome

Question 11: What do you think the main consideration/s is/are when selecting a system of SL?

<u>OVERALL RESPONSE</u>
The main considerations in SL selection from all respondents follow. Most respondents provided more than one area to consider, therefore, percentages of a total of 67 responses are presented (Figure 8).

- Healthcare system (28% /19 responses)
- Resources; time, educational, financial (15% /10 responses)
- Education system (13% /9 responses)
- SL used by other HP (10%/ 7 responses)
- Dietetic-specific language (9% /6 responses)
- SL with international recognition (9% /6 responses)
- Legal/political issues (6% /4 responses)
- Historical (5% /3 responses)
- Issues with language barrier (3% /2 responses)
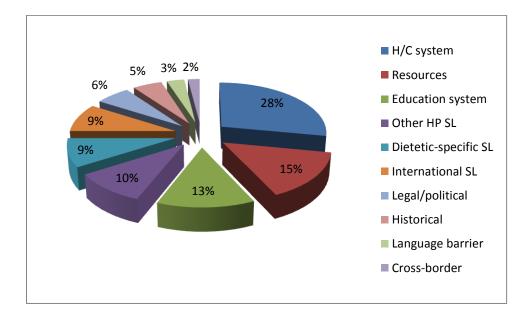- Cross-border benefits (2%/1 response)

Figure 8: Overall response: Main considerations in SL selection

Question 12: What role, if any, should EFAD play in the promotion of a SL in Europe?

OVERALL RESPONSE

Twenty-seven of 28 respondents thought that EFAD should have a role in SL promotion in Europe (Figure 9). One respondent was unsure.
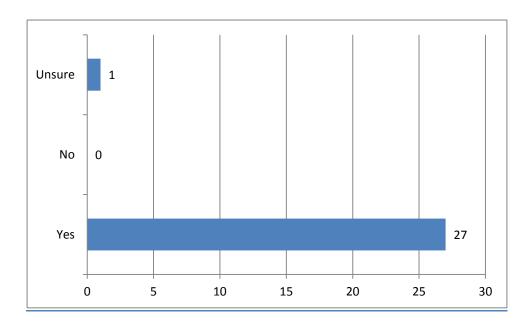

Figure 9: Overall response: Is there a role for EFAD in SL promotion in Europe?

Question 13: Is SL part of the practical training in the clinical environment?

OVERALL RESPONSE

Figure 10 represents the overall response. Nineteen reported that SL was not part of clinical training. One is planning to include the IDNT as part of clinical training. Four respondents include the IDNT in the clinical training of dietitians and one includes ICF-D as part of clinical training.
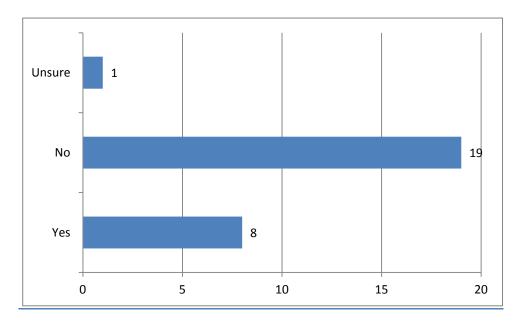

Figure 10: Overall response: Currently, is SL part of training in clinical environment?

Question 14: Is SL taught in the academic education/curriculum?
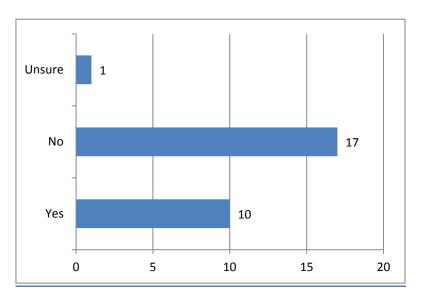
OVERALL RESPONSE

Figure 11: Overall response: Currently, is SL taught as part of the academic curriculum?

Question 15: What system should be taught in either environment?

OVERALL RESPONSE
- Nine chose IDNT.
- One chose ICF-Dietetic.
- Two think a combination ICF-D/IDNT of interest. However, both are quite open to recommendation.
- Two would follow EFAD recommendation.
- Dietitians in one country would choose whichever SL was taught in academia.

Question 16: Which, if any, teaching aids/books are used?

The following resources were reported:

American Dietetic Association (2011). International Dietetics & Nutrition Terminology (IDNT) Reference Manual Standardized Language for the Nutrition Care Process. 3rd ed. Chicago: American Dietetic Association.

Atkins M, Basualdo-Hammond C, Hotson B. Canadian perspectives on the nutrition care process and international dietetics and nutrition terminology. Can J Diet Pract Res 2010;71:e18-e20.

Buchholz D, Ohlrich S. Der Nutrition Care Process. Im Bereich der Diättherapie und Ernährungsberatung prozessgeleitet arbeiten. D&I 2011;(5):10-15.

Germany - WHO ICF 2001, ICF Beginners guide, ICF in German 2005, WHO ICF-CY 2007, ICF-CY in German 2011, ICF-Diëtetiek 2003, ICF-Diëtetiek 2012, IDNT 3rd edition.

Hakel-Smith N, Lewis NM, Eskridge KM. Orientation to nutrition care process standards improves nutrition care documentation by nutrition practitioners. J Am Diet Assoc 2005;105:1582-9.

Hakel-Smith N, Lewis NM. A standardized nutrition care process and language are essential components of a conceptual model to guide and document nutrition care and patient outcomes. J Am Diet Assoc 2004;104:1878-84.

IDNT, Swedish translation.

Lacey K, Pritchett E. Nutrition Care Process and Model: ADA adopts road map to quality care and outcomes management. J Am Diet Assoc 2003;103:1061-72.

Mahan, L.K., Escott-Stump, S., Raymond, J.L. (2011) Krause's Food & the Nutrition Care Process. 13th ed. Elsevier.

Polish academic books (unnamed).

Sucher, K. (2010). Nutrition Therapy and Pathophysiology. 2nd ed. http://www.bokus.com/bok/9780538736190

WHO ICF 2001, ICF Beginners guide, ICF in German 2005, WHO ICF-CY 2007, ICF-CY in German 2011, ICF-Diëtetiek 2012, IDNT 3rd edition.

Writing Group of the Nutrition Care Process/Standardized Language Committee. Nutrition care process and model part I: the 2008 update. J Am Diet Assoc 2008;108:1113-7.

Writing Group of the Nutrition Care Process/Standardized Language Committee. Nutrition care process part II: using the International Dietetics and Nutrition Terminology to document the nutrition care process. J Am Diet Assoc 2008;108:1287-93.

Question 17: Is your association promoting a specific SL in your country

OVERALL RESPONSE
- Seven countries promote IDNT but in two this is not official, yet (Figure 12).
- One promotes ICF-D.
- One promotes a unique language to their country.
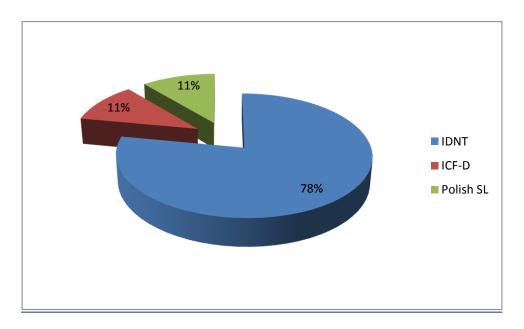- Eight countries reported that no specific SL was promoted in their country.

Figure 12: Overall response: NDA promotion of SL

Question 18: If EFAD were to make a recommendation concerning SL, what would you identify as priorities for introduction?

Most respondents provided more than one priority activity, therefore, percentages of a total of 46 responses are presented (Figure 13).

- Training and education for dietetic professionals (37% /17 responses)
- Learning resources (30% /14 responses)
- Political system issues (9% /4 responses)
- EFAD should not impose a SL (2 responses)
- Agreement on SL (2%)
- Promote the benefits of SL use (2%)
- Support EFAD members (2%)
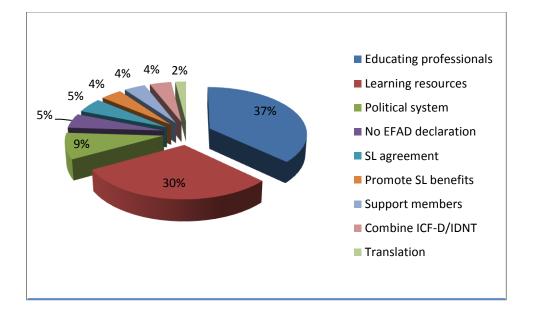- Combine ICF-D/IDNT (2%)
- Translation (2% /1 response)

Figure 13: Overall response: EFAD priorities for SL introduction

Respondents' comments:

EFAD should be open- minded on different languages and what is happening in different countries already. EFAD should concentrate on facilitating countries by dissemination of knowledge and create tools for using a SL, as e.g. guidance on how to implement a SL, or guidance on how to install it in electronic systems or guidance on data collection.

'EFAD cannot prescribe a specific SL as this choice s dependant on many national factors'.

'EFAD should develop a structured teaching process/schedule so that all teachers in Europe are doing the same. That would be cool. E.g. I would be trained by EFAD and then take the same presentation/ quality/ content back to my country. I could do it, same content/quality, all over Europe. This would also save resources, as all countries would do their own, otherwise'.

'EFAD can't prescribe countries to use a specific SL. Dietitians have to accept the legislation and health care system in their country. EFAD has to accept the WHO WHA54.21 resolution and that there are two SL which are/shall be used in Europe. EFAD should concentrate on how to combine/bring more into line/integrate both SL. Perhaps, in future, she can recommend one SL if both SL are integrated'.

'People have different learning styles, and some will wait until they absolutely need to learn SL, so many different communication streams will be required. A good way to motivate people to change practice is to let everyone know how beneficial it is to all. Make them think that there is a problem and then inform them that you have the solution. Include those that think they should be autonomous practitioners '

Question 19: Do you have any other comments regarding the use of SL?

INTERVIEW RESPONSES

Thirteen interviewees had no further comment to add, although, one actually did. Four interviewees did make further comment on the use of a SL.

OVERALL RESPONSE – INTERVIEWS & QUESTIONNAIRES

Twenty-one participants had no further comment to add. Seven participants added further comments.

Additional comments

The following quotes reflect the depth of interest from dietitians in Europe.

'I am inspired by SL'.

'It makes no difference what seems best for us it is what is best for the patients. After all, that is why we are here?'

'EFAD should cooperate with the NVD, NPi, WHO, DIMDI, AND and AODA to combine both SL'.

Implementing a standardized language 'is a sociological problem, not only scientific'.

'I am enthusiastic about it. It is a huge step forward for the profession and an enormous challenge'.

'I want to congratulate the working group that encourage all countries that are interested. I am very grateful to EFAD'.

'If both languages (ICF-D & IDNT) could be made compatible and implemented then dietitians around the world would all, theoretically, be able to speak very explicitly with each other and the potential to share evidence concerning dietetics would be much greater'.

On IDNT -'Do they fit practice, is there anything missing, are the terms right? There are some terms that are going to change. We are looking at record templates etc.'

'I know there are competing terminologies. Where there is autonomy there is a resistance against the systematic. You must show how it can work for them, how it can show their effectiveness'.

Question 20: Do you intend to go to the 6th DIETS/EFAD conference?

INTERVIEW RESPONSES

Nine interviewees intended to go the the 6th DIETS/EFAD conference. Five interviewees did not think that they would attend this conference, and three were unsure.

OVERALL RESPONSES – INTERVIEWS & QUESTIONNAIRES

Eighteen participants would attend this conference, seven did not intend to go, and three respondents were unsure.

Conclusions

A structured method to describe and record dietetic care is required. It should allow core steps to be combined and compared. It does not, necessarily, need to be identical.

Many dietitians in the European countries represented in this report currently use some form of structured documentation.

The documented evidence from this report indicates that the IDNT is the most frequently used, or chosen, SL in the European countries represented here.

There is a wealth of SL interest amongst dietitians working in the European countries which were represented in this report.

For dietitians in the European countries represented here, there are five SL which are currently used or, of which they are aware; ICF, ICF-D, IDNT, LOINC, Polish SL.

A comprehensive global system of SL seems unachievable within the next decade; however, a set of core SL terms which could be adapted may be more realistic.

There is a unanimous requirement, almost, for EFAD to take a lead role in the co-ordination of NCP and SL use throughout Europe.

Dietitians in Europe are keen to collaborate to agree the way forward.

Recommendations

EFAD should take the lead in promoting the benefits of SL use to member associations.

EFAD should adopt a supportive role in the implementation of the chosen SL in each member association.

The PPC should provide guidance, based on the accumulated evidence.

The SL should enable systematic documentation of nutritional care that can be compared, shared, and used in research, uniformly, throughout Europe.

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