

EFAD's Professional Practice Committee informs

The use of a standardized language among dietitians in Europe

Results and conclusions from a questionnaire sent out by EFAD's Professional Practice Committee

In July 2010 'Standardising the practice of dietetics across Europe' was defined by the European Federation of Associations of Dietitians (EFAD) as one of the consensus priorities. A recent and related development in dietetics has been the launching and active promotion of a standardized language system known as International Dietetics and Nutrition Terminology (IDNT) introduced by the Academy of Nutrition and Dietetics (the former American Dietetic Association) (1). The IDNT provides a standard set of core nutrition care terms and definitions for the four steps of the nutrition care process: assessment, nutrition diagnosis, intervention, and monitoring/evaluation (2).

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REGARDLESS OF WHICH nutrition care process is adopted in practice, use of IDNT promotes uniform documentation of nutrition care, enables differentiation of the type and amount of nutrition care provided, and provides a basis for linking nutrition care activities with actual or predicted outcomes. The IDNT has gained rapid acceptance in various countries (such as Canada, Australia) and is perceived as a powerful tool that helps demonstrate the efficacy of diet therapies delivered by qualified dietetics professionals (3). Most importantly, the International Confederation of Dietetics Associations (ICDA) supports the use of the ADA Nutrition Care Process and related IDNT system by dietitians around the world (4). Various initiatives have taken place throughout Europe seeking to translate and implement the system.

As the newly established Professional Practice Committee (PPC) of EFAD, we have been interested to monitor European initiatives in this area of work. As a committee, we decided to develop and send out a survey to collect current input throughout Europe. A key objective of the survey was to obtain a pulse of IDNT developments in Europe and establish contact with die-

titians preparing or implementing the IDNT in their practice or educational roles. To this end, in April-May 2011 we sent out a short questionnaire to EFAD delegates. The survey consisted of nine questions and was sent out electronically by Survey Monkey (Palo Alto, CA, USA).

We were able to verify input from 18 countries (Austria, Denmark, France, Greece, Holland, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Norway, Poland, Portugal, Spain, Sweden, Switzerland, the United Kingdom). Given that there were some anonymous responses, there may be countries that we were not able to identify by name at the time of data analysis. There were 29 responses although 25 people completed the survey.

Results

Results will be presented separately for each of the nine questions.

QUESTION 1. The first question asked: '1. In your country are you aware of the IDNT?' (Figure 1). 15 (60%) responses suggested some level of positive awareness of IDNT including actual training and implementation while 9 said 'no' (36%).

Another 3 (12%) indicated that the IDNT is not applicable to their organization. So, from this first set of data, we saw that there is positive IDNT awareness and related activity in the majority of respondents.

QUESTION 2. The second question asked: **'2. Has your association decided officially to promote the implementation of the IDNT?'**

8 (32%) reported that their associations have a formal decision in place and another 9 (36%) that they are preparing to do so in the future. This is 15 (60%) supportive responses in total vs 11 (40%) negative responses. Hence, the majority of respondents in favor of current or ongoing decision to officially promote the IDNT.

Question 3. The third question inquired the following: **'3. Has anyone in your association started to use IDNT in clinical practice?'** With this question we wanted to find out *What is going on in clinical practice now?*

There were 5 (20%) positive responses indicating actual IDNT application. We were quite interested to find out who noted that they are currently applying the IDNT (Figure 3a). We received 7 specific responses. Delegates from France, Israel, Italy, and Sweden provided information on specific practitioners with names and positions. Also, we received input from Austria that the ICF, not the IDNT, has been in effect since 2003; with a new update due in 2011.

QUESTION 4. We were also interested to obtain data on the current format of medical records (paper or electronic or both). The fourth question therefore asked: **'4. What mode of documentation is most common for dietitians in your country?'**

The responses revealed that 56% (14 respondents) utilize either electronic health records (EHRs) or a mix of paper and EHRs and the other half paper only.

QUESTION 5. **In your country are dietitians legally allowed to write in the main medical record to document pt progress?** Dietitians may or may not have the legal authority to document in the Medical Record (MR) that health professionals use to communicate patient progress. So, this issue was investigated specifically (Figure 5). Eight delegates noted that the dietitians in their countries are not allowed to write in the main MR to document patient progress (Greece, Latvia, Norway, and 5 anonymous responses). The

country-specific information also exhibited that dietitians in 15 countries (Figure 5a) are cleared to write progress notes in the main medical record in the same record as other health professionals.

QUESTION 6. **Is the IDNT included in the courses teaching dietetic students?**

Change frequently occurs first within the channels of education. Our questionnaire investigated whether the IDNT is already in place in university curricula. 4 (16%) responses indicated a 'Yes' to the sixth question.

QUESTION 7. There was interest to identify which countries have already incorporated IDNT in their university curricula. Delegates from Israel, Italy, and Sweden provided specific evidence that the IDNT is being applied at various university levels including graduate level work in Sweden.

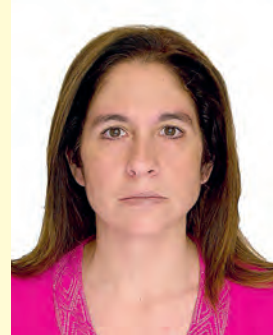
QUESTION 8. **Do you think teachers will be interested in an European course about the IDNT?**

Education is frequently regarded as guiding the future, the source for change and improvement. The data from question 8 provided a very clear and positive message. 89% of respondents are in agreement that educators will be interested in learning more about the IDNT.

QUESTION 9. **Do you have any additional comments about the IDNT in Europe?** The final question provided important qualitative input. All comments were summarized to outline the main messages from respondents. These were:

- The IDNT cannot be taken verbatim. Some terms depending on what they mean in a specific country, might need adaptation. A glossary may be needed to define the meaning for each term. There may be terms that have a different meaning and application even among English speaking countries.
- Also, there are practical issues such as translation and various costs attached that pertain to copyright and practical matters such as printing and distribution channels.
- Several comments verbalized intent of support for the IDNT. The majority were comments of strong positive support and enthusiasm.
- In contrast, two comments favored strongly the adoption of the ICF (International

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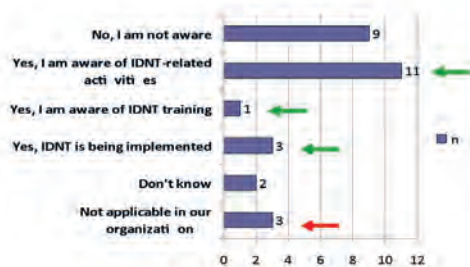
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Classification of Functioning, Disability, and Health), another system that has been used in some non-English speaking countries in Europe.

FIG 1. In your country are you aware of the IDNT? Check all that apply



Israel, and Sweden are in the forefront with clinical, educational, and research projects already in progress.

The emerging themes from this short survey were that:

- At least 5 EFAD affiliated countries (France, Israel, Italy, Portugal, Sweden) have engaged in IDNT related activities.

- While using the same language throughout Europe and the world would be important, for some countries it may be too much at this stage.

- There is a need to monitor, and collect information of ongoing activities and projects at the European level in a

transparent and easily accessible form. A dedicated electronic registry of IDNT and other standardized language projects may be such an appropriate means. An existing example is the "Register of IDNT Projects" developed by the Dietitians Association of Australia (DAA).

- There is a need for dietitians applying the IDNT to network with each other in a systematic fashion. This will allow dietitians to learn from each other as IDNT projects and levels of practice advance.
- There is a need to develop an action plan that involves the engagement of associations in Europe and universities to facilitate the EFAD priority to standardize dietetics practice.

A possible proposal – which is open to discussion – is that in the next 5 years, all dietitians will be using a standardized approach to assessment, diagnosis, monitoring and evaluation. And in 8 to 10 years, dietitians in Europe will be using the same language and terminology. Without a doubt, dietitians in Europe have still a great deal of work to do to be able to demonstrate to others that dietetics interventions contribute substantially to the well being and safety of individuals and populations.

References

1. Nutrition care process part II: using the International Dietetics and Nutrition Terminology to document the nutrition care process. *J Am Diet Assoc.* 2008;108(8):1287-1293.
2. Nutrition care process and model part I: the 2008 update. *J Am Diet Assoc.* 2008;108(7):1113-1117.
3. 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(2):e18-20.
4. ICDA. Dietetics Around the World – Spring 2011, 2010.



FIG 5A. Countries where the dietitian documents or not patient progress in the MAIN MEDICAL RECORD

YES (at least 15 countries)	NO (at least 3 countries)
Austria	Greece
Denmark	Latvia
France	Norway
Hungary	+ 5 anonymous responses
Holland	
Iceland	
Ireland	
Israel	
Italy	
Poland	
Portugal	
Spain	
Sweden	
Switzerland	
United Kingdom	

Dokumentation enligt Internationell klassifikation av funktionstillstånd (ICF)

Inom Stockholms läns sjukvårdsområde (SLSO) är all rehabersonal, och därmed även dietister, ålagda att dokumentera enligt ICF. Många dietister upplever att detta dokumentationssätt gör nutritionsbehandlingsprocessen otydlig och journalanteckningarna svåra att förstå. Det finns en oro bland dietisterna inom SLSO att användandet av ICF kan påverka både patientsäkerheten och dietisternas yrkesutveckling negativt.

ICF är ett standardiserat språk för att beskriva funktionsförmåga och funktionshinder i relation till hälsa. ICF saknar dock nutritionsrelaterade termer som är relevanta i dietistens arbetsprocess vilket har inneburit svårigheter för dietister att dokumentera enligt denna klassifikation. Flera dietister beskriver att journalanteckningarna blir svåra att överblicka eftersom det i brist på passande sökord blir mycket löpande text. Då det saknas många viktiga nutritionstermer är risken också stor att relevant information går förlorad. Svårigheterna med att dokumentera enligt ICF innebär dessutom att informationsöverföringen mellan vårdgivare riskerar att bli otydlig. Det kan exempelvis bli svårt för sjukhusdietisterna i Stockholm att tolka primärvårdsdietisternas journalanteckningar eftersom sjukhusen inte dokumenterar enligt ICF.

Då ICF inte alls är anpassat till dietistens arbetssätt tror jag att det finns en risk att vi får en rad olika varianter på hur ICF kommer att

användas av dietister och att konsensusen därmed blir bristande. För mig känns det orimligt att dokumentera i ett språk som inte kan beskriva alla berörda yrkeskategoriers arbetsprocess. De ICF-termer som är relevanta i dietistens nutritionsbehandlingsprocess kan självklart användas men jag anser att det även bör finnas yrkesspecifika termer för att informationsöverföringen ska fungera och för att patientsäkerheten ska kunna garanteras.

Då många dietister runt om i landet dokumenterar enligt ICF, och upplever att det är svårt, föreslår jag att vi startar ett mailnätverk kring detta. Vi får då en möjlighet att ta del av varandras erfarenheter på området och kan tillsammans finna en samstämmighet kring vår dokumentation. Kontakta mig, Karolina Snellström, via karolina.snellstrom@sl.se om du vill ingå i mailnätverket.

Den 21/5 2012 anordnar DRF:s arbetsgrupp för etik och terminologi en användarkonferens kring Nutritionsbehandlingsprocessen (NCP) och Internationell Dietetik och Nutritionsterminologi (IDNT). Under dagen kommer det att arrangeras workshops med olika teman, däribland hur vi går vidare med ICF och IDNT. Användarkonferensen blir ett utmärkt tillfälle att ta del av andra dietisters erfarenheter på området. Jag hoppas att vi ses i Stockholm den 21/5!

leg dietist Karolina Snellström
DRF:s arbetsgrupp för etik och terminologi