

Medical education

Evaluation of dietetic students' and interns' application of a lifestyle-oriented nutrition-counseling model[☆]

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Abstract

Objective: To assess dietetic students' and interns' skills to effectively apply a lifestyle-oriented nutrition-counseling model.

Methods: Between 1999 and 2004, 121 dietetics students and interns (82% retained) were trained to provide nutrition counseling and certified using a standardized patient evaluation format. Supervising registered dietitians and students evaluated transcripts of their counseling sessions using a modified version of the Dietitian's Interviewing Rating Scale (DIRS). Clients evaluated their counselor's skills. *t*-Tests determined differences between the supervisor and student's DIRS evaluation, and from an acceptable score of "4". ANOVA distinguished differences by student academic category and client group.

Results: The student counselors scored ≥ 4 for five of the six skills sets, but significantly below 4 for "transitions" (the internal summaries between sections). The students rated themselves significantly higher than their supervisor did on rapport building, questioning skills, and approach to plan.

Conclusion: The student counselors effectively applied the skills of a lifestyle-oriented nutrition-counseling model, and can benefit from supervisor-provided feedback.

Practice implications: Nutrition counseling training/practice through various dietetic curriculums can provide future dietitians with the skills and the confidence they need to successfully assist their clients to make lifestyle behavior changes.

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1. Introduction

The US Preventive Services Task Force evaluated 21 randomized treatment controlled dietary counseling intervention studies and found that 55% ($n = 9$) with high intensity counseling interventions had a large effect (and 33% had a medium effect) on changing client dietary behaviors. Only 7% ($n = 13$) of the medium intensity interventions and 20% ($n = 5$) of the low-intensity had a large effect [1]. To effectively help patients make lasting dietary changes, dietetic professionals need to be able to implement intensive nutrition counseling. Dietetic students need to master these patient-centered,

comprehensive approaches to effectively and efficiently assist their clients.

To successfully train dietetic professionals to be competent nutrition counselors, dietetic students and interns need exposure to effective models of nutrition counseling, opportunities for practice and self-evaluation, and careful supervision and feedback. An effective model of nutrition counseling uses lifestyle counseling to enhance medical nutrition therapy in the strength of an interdisciplinary health care team [2]. Lifestyle counseling as part of the nutrition care process investigates "behaviors and/or events that are associated with appropriate as well as inappropriate eating and exercise behaviors" (pg 1363). In the past, lifestyle modification often used in "counseling" interventions simply implied dietary and exercise behavioral changes. Assessing clients and the context of their lives is much more complicated such that a broad definition for "lifestyle" counseling is warranted; a holistic nutrition-counseling approach is necessary. A lifestyle-oriented model should be based upon a client-centered, collaborative approach [3], the

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Trans-Theoretical Model [4] and Total Personal Assessment [5], where the nutrition counselor and client collaborate to understand the entire client and his/her lifestyle and motivation through assessment, goal setting and empowerment to facilitate and support dietary habit changes.

In a 1990 study, dietetic internship directors expected dietetic students to enter their programs with some prior knowledge of nutrition education and counseling, and typically provided extensive training at least on counseling skills through the internship. However, less than 33% of the programs provided more than 11 h of training [6]. Directors also reported inadequate coverage for advanced skills such as behavior modification or motivational strategies. These skills are essential and must be part of the didactic and supervised practice training to successfully prepare this and the next generation of dietitians. Studies have provided mixed results in nutrition students' abilities to interview/counsel clients [7–9], which indicate that dietetic students need more time to learn and practice these skills. Gregory et al. [10] developed a useful scale for evaluating dietitians' interviewing skills, which could be used with student nutrition counselors. Educational methods that reach beyond the classroom setting are not only important but also necessary for optimal development of skills essential for a position as a dietitian or any other caregiving professional [11].

Taking student educational experiences beyond the classroom may include and/or require advanced methods of assessment such as video or audio taping of the interaction. Generally, both students and education experts [12] viewed video assessment as a valuable method of assessment. When self-assessment is used, the focus of learning and practicing becomes internalized, thus promoting individual growth and lasting change [10]. Some suggest that self-assessment by students on the whole is inaccurate [13], primarily because more students have a tendency to overestimate rather than underestimate their grades [14]. Students can develop the ability to critique their own performance with video-recorded interviews [7]; however, to obtain an accurate assessment, the data from self-assessments must be combined with other sources of evaluation [15]. In addition to an expert evaluation, clients' feedback can be a valuable source of information regarding a nutrition counselor's skills and effectiveness [11,16].

The objectives of this study were to assess (1) dietetic students' and interns' use of skills to apply a lifestyle-oriented nutrition-counseling model and (2) if differences exist between their self, client or expert evaluations; or by student type: Coordinated Program, Didactic Program in Dietetics, and Dietetic Intern.

2. Methods

2.1. Subjects

Subjects for this study were students from the nutrition-counseling class at Syracuse University. Data were collected between 1999 and 2004 through seven semesters of classes.

Students had to complete the requirements of the class for their grade, but early in the semester confidentially chose whether to have their data included in this Institutional Review Board approved research. The PI learned of the students' decision, through their signed letters of consent, after final grades were submitted. The participants have been Coordinated Program (CP) or Didactic Program in Dietetics (DPD) undergraduate and graduate students, and Dietetic Interns (DI). DI is a 900 h supervised practice experience beyond the DPD program. DPD is the undergraduate or graduate program to prepare students for the dietetic internship. CP combines the 4-year undergraduate curriculum with the 900 h supervised practice experience.

2.2. Lifestyle-oriented nutrition-counseling model

The principal investigator (PI) developed the model for this nutrition-counseling experience (see [Diagram 1](#)). This comprehensive lifestyle-oriented nutrition-counseling model was based upon client-centered [17], collaborative nutrition counseling [2], Stages of Change [4], and Total Person Assessment (TPA) [5]. TPA is an assessment method indicating what data should be collected for lifestyle, health, diet, weight, and exercise. Rather than assessing lifestyle factors only in relationship to the identified problem, they are assessed as an overall umbrella to provide a holistic total-person perspective within a framework for understanding the full medical, dietary, exercise and weight history assessment. The professional objective feedback is provided at the conclusion of the assessment in reference to health promotion/disease prevention and/or management guidelines. Lifestyle factors are incorporated into the feedback as enhancers or deterrents for the client's disease prevention behaviors (see an example, [Diagram 2](#)). The counselor and client collaborate to prioritize the client's issues for change, set goals (cognitive or behavioral depending upon Stage of Change for the selected issues) and engage in the empowerment process.

2.3. Nutrition-counseling training

For this project, students learned the model in skill set steps through a three-credit (4-h/week) nutrition-counseling course. Topics covered through active learning techniques to promote skill development through the first 7 weeks of the semester were (1) ethics; (2) developing your nutrition-counseling philosophy; (3) reflective listening; (4) effective questioning; (5) establishing rapport; (6) total person assessment; (7) dietary and exercise assessment; (8) stages of change and intuitive eating assessment; (9) our lifestyle-oriented nutrition-counseling model and collaborative client-centered counseling; (10) counseling demonstration; (11) summarization/feedback, prioritization and goal setting; (12) conclusion/termination and referrals; (13) documentation; (14) session two and beyond: empowerment. Mid-semester the PI or another RD certified students to provide nutrition counseling using a standardized patient [19]. This was an evaluation of how the students handle the first session of counseling using an

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