Education, Implementation, and Barriers to Clinical Dietitians’ Use of Nutrition-Focused Physical Exams

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ABSTRACT

Objective: To examine current practices of dietitians with regards to shifting trends in identification of malnutrition and the barriers preventing performance of nutrition-focused physical assessments (NFPAs).

Methods: A cross-sectional study evaluated NFPAs practices among clinical dietitians within various hospital systems across Maryland: Greater Baltimore Medical Center, the LifeBridge Health system, and the University of Maryland Medical system via an electronic, emailed survey. The survey received a total of 25 responses. See subject demographics in Table 1.

Results: Dietitians were most likely to include NFPAs as part of routine patient care upon receiving a nutrition consult (33%) or in the ICU (38.8%). However, it was found that most training occurred on the job rather than during schooling. Only surveyed dietitians in the state of Maryland—regional differences may exist in dietetic practice. Although use in suspected cases of malnutrition was noted, there is concern as to whether these assessments are performed accurately enough to diagnose malnutrition

Discussion: The survey received a total of 25 responses. See subject demographics in table 1. Most respondents (64%) received some training in NFPAs—training primarily took place on the job (37.5%), or during undergraduate education (25%) or dietetic internship (25%). NFPA use was most likely indicated in suspected cases of malnutrition (61.1%), a critical if patient or one in the ICU (38.8%), or upon receiving a nutrition consult (33%). The most common barriers to use were a lack of knowledge to successfully perform, time constraints, or the assessment performed by another health professional (see Graph 2).

Conclusion: This study highlighted that current practices and barriers to clinical dietitians’ use of nutrition-focused physical exams need to be examined. Further research is needed to examine current practices of dietitians with regards to shifting trends in identification of malnutrition and the barriers preventing performance of NFPAs.

REFERENCES

The prevalence of malnutrition in hospital is increasing, with up to 25-30% developing malnutrition during the course of hospitalization. This increase has led to a greater focus on early detection and prevention of malnutrition. However, the lack of proper training and time constraints are the most common barriers to the use of NFPAs. The survey received a total of 25 responses. See subject demographics in table 1. Most respondents (64%) received some training in NFPAs—training primarily took place on the job (37.5%), or during undergraduate education (25%) or dietetic internship (25%). NFPA use was most likely indicated in suspected cases of malnutrition (61.1%), a critical if patient or one in the ICU (38.8%), or upon receiving a nutrition consult (33%). The most common barriers to use were a lack of knowledge to successfully perform, time constraints, or the assessment performed by another health professional (see Graph 2).

Graph 1: Timing of NFPA Training

Graph 2: Barriers to NFPA Performance

CONTACT INFORMATION

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DISCUSSION

Study supported that lack of knowledge was a major barrier to use of NFPAs. However, it was found that most training occurred on the job rather than during schooling. Although most responses indicated previous training in NFPAs, almost half of respondents indicated never using NFPAs in practice- this suggests that training received on the job is not in depth or descriptive enough to provide sufficient confidence to routinely conduct assessments in practice. Although lack of knowledge barriers were most noted, there is concern as to whether these assessments are performed accurately enough to diagnose malnutrition.

LIMITATIONS

• Only 25 responses out of 55 dietitians - relatively small sample size
• Only surveyed dietitians in the state of Maryland - regional differences may exist in dietetic practice.

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LIMITATIONS

• Overall, RDs need specialized training in NFPAs to increase their confidence and frequency of use in practice
• Future Research:
  • Degree and type of training received in NFPAs (web-based tutorial, seminar)
  • Trial different types of education to see which is best in increasing NFPAs use

CONCLUSION

The development and utilization of malnutrition during hospitalization is a constant challenge for healthcare professionals. Specific criteria exist to definitively diagnose malnutrition and many of these indicators are only identified after physically examining the patient. Clinical dietitians play an important role in the treatment of malnutrition through medical nutrition therapy and diet interventions, but should also play a role in diagnosing malnutrition through nutrition focused physical assessments. This study surveyed 25 clinical dietitians in a variety of hospitals across the state of Maryland. Findings indicated that although most had received some training in performing nutrition focused physical assessments, there was a lack of knowledge on proper assessment placement, which can delay the time spent on the job, during their undergraduate years, or during didactic internships, nearly half responded that they never used the assessments in practice. The most frequent barrier to use was a lack of knowledge to successfully perform, which suggests that dietitians need more comprehensive instruction on the performance and utilization of nutrition focused physical assessments. Future research is still needed to determine what type of program would be most beneficial. With the changing focus of healthcare from treatment to prevention-based, an increase in use of assessments would help in early diagnosis or prevention-based, an increase in use of assessments would help in early diagnosis or prevention of disease, resulting in devastating health consequences for the patient. Changing healthcare system is shifting focus from treatment to prevention- RDs need new ways to monitor patients for early intervention needs.

The present study was designed to examine current practices of dietitians with regards to shifting trends in identification of malnutrition and the barriers preventing performance of NFPAs.

INTRODUCTION

Malnutrition can be defined as a condition in which the body is not receiving the proper nutrition it needs to function properly. It is caused by a combination of inappropriate nutrient intake and the catabolic effects of disease, resulting in devastating health consequences for the patient. Changing healthcare system is shifting focus from treatment to prevention- RDs need new ways to monitor patients for early intervention needs. Nutrition-focused physical assessments (NFPAs) can help to diagnose and monitor health status. Nutrition-focused physical examinations (NFPAs) can help to diagnose and monitor health status. Nutrition-focused physical examinations (NFPAs) can help to diagnose and monitor malnutrition. Physical contact can be uncomfortable for patients, and sometimes lead to isolation precautions. NFPAs can help to diagnose and monitor malnutrition. NFPAs can help to diagnose and monitor malnutrition.

METHODOLGY

The cross-sectional study evaluated NFPAs practices among clinical dietitians within various hospital systems across Maryland: Greater Baltimore Medical Center, the LifeBridge Health system, and the University of Maryland Medical system via an electronic, emailed survey. The survey received a total of 25 responses. See subject demographics in Table 1. Most respondents (64%) received some training in NFPAs—training primarily took place on the job (37.5%), or during undergraduate education (25%) or dietetic internship (25%). NFPA use was most likely indicated in suspected cases of malnutrition (61.1%), a critical if patient or one in the ICU (38.8%), or upon receiving a nutrition consult (33%). The most common barriers to use were a lack of knowledge to successfully perform, time constraints, or the assessment performed by another health professional (see Graph 2). The survey received a total of 25 responses. See subject demographics in table 1. Most respondents (64%) received some training in NFPAs—training primarily took place on the job (37.5%), or during undergraduate education (25%) or dietetic internship (25%). NFPA use was most likely indicated in suspected cases of malnutrition (61.1%), a critical if patient or one in the ICU (38.8%), or upon receiving a nutrition consult (33%). The most common barriers to use were a lack of knowledge to successfully perform, time constraints, or the assessment performed by another health professional (see Graph 2).