

# HOW CAN DIETETIC TRAINING BE RELEVANT?

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## Roles for Dietitians

The traditional role of most dietitians in Australia as nutrition counsellors with respect to specific disorders and as food service administrators is rapidly evolving. Some dietitians are now being accepted by other members of the health care teams as more rounded "clinical nutritionists". They are expected to:

1. consider the role of food in the pathogenesis and prevention of disease
2. be competent at nutritional assessment
3. provide not only nutritional counselling but also nutritional support systems, especially enteral nutrition.

These are very significant developments in the "image" as well as function of dietitians. They are seen to be moving beyond the kitchen, fundamental and important as it is, and to be more than purveyors of food composition data.

All this has happened at a time when the need for clinical nutrition as a development within medical practice is being recognised and when the possible over-supply of doctors is causing some to cast around for new opportunities. There may well be questions of territoriality raised by both dietitians and medical practitioners in the foreseeable future. In anticipation, a joint sub-committee of the Australian Society for Parenteral Nutrition and the Australian Association of Dietitians under the Chairmanship of Dr. Malcolm Fisher and of which I am a member, is currently examining modes of nutritional assessment in Australian hospitals and the relative roles of various health professionals. One thing is clear, namely that work beyond the ordinary hours of duty, at nights and weekends, and physical contact with patients in the course of nutritional assessment are characteristics of contemporary hospital dietitians which are conferring greater dignity and effectiveness on their role.

But there are a number of career options for dietitians now available and some of these are listed in Table 1.

If we accept that there is a great need for the permeation of nutrition information and awareness through the community, then we must look even further and develop additional career opportunities for dietitians. One of the more consequential spin-offs from university research

programs now underway is the development of such possibilities. For our own part, at Deakin University, our research programs have opened up formal appointments in these areas:

- |   |                        |
|---|------------------------|
| 1. Work with migrant groups             | 4. Diabetes education  |
| 2. Dietitian to an industrial community | 5. Geriatric nutrition |
| 3. Computer science and dietetics       |                        |

### Dietetic Training

Dietetic training programs are now established at tertiary institutions in five of the six Australian states — Victoria, New South Wales, Queensland, South Australia and Western Australia. Three of these five programs are at Universities (Deakin, Sydney and Flinders) and two at Colleges of Advanced Education (Queensland Institute of Technology and Western Australian Institute of Technology). The programs are, for all intents and purposes, four years — a three year science degree and a one year graduate diploma. The level of integration between the science degree and the graduate diploma depends on the institution and the historical background of the course. If dietetic training were to be devised from first principles, the courses would undoubtedly be four year integrated programs. Overall integration at the tertiary level is characteristic of other health professions and has the advantage that "acclimatisation" to the profession takes place over an extended period of time. On the other hand, the "three plus one" approach allows for an interchange of students among tertiary institutions after the third year and for the entrance of a small, but well motivated group of students late in their tertiary training. There is a push to include more and more material in the graduate diploma year but the most that we can hope for is a careful selection core and high priority material taught in the most efficient and effective way. The rigidity of tertiary bureaucracy will probably not allow too many alternatives. One that we have been looking at it is the development of the Graduate Diploma program into a Master of Science coursework program. But on reflection, it may be better to accept "three plus one" and look to fulfill additional needs in special areas by post-training programs. For example, after graduation as a dietitian, programs could be undertaken in paediatric nutrition, geriatric nutrition, food service, management skills, renal dietetics, nutrition education, community health and more. These could well be organised for dietitians across the nation in a particular state. Such programs

TABLE 1  
Contemporary Roles of Dietitians

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|------------------------|------------------------|
| 1. Clinical Nutrition  | 3. Food Service        |
| a. Adult               | 4. Nutrition Education |
| b. Paediatric          | 5. Academic            |
| c. Geriatric           | 6. Government          |
| 2. Community Nutrition | 7. Food Industry       |
| a. Health Centres      | 8. Primary Industry    |
| b. Work Place          | 9. Private Practice    |
| c. Early Childhood     |                        |

would not only ensure competency in the required area of practice, but also allow the profession to respond to changing needs.

The Deakin program in the graduate diploma year is divided into three "units". The first is 10 weeks, the second 12 weeks and the third 18 weeks. The first is divided equally between community health and food service; the second deals with the clinical sciences (internal medicine, pharmacology, clinical chemistry, etc.), clinical nutrition, counselling skills and human relationships; the third is clinical dietetics and is hospital based. Building on an undergraduate program in human nutrition and food chemistry, we can launch fairly quickly into clinical nutrition and, that hallmark of the dietitian, the capacity to provide nutrition counselling on an individual basis. For those who come to us from other universities it is necessary, with difficulty, to run a collateral "catch up" program. Life would be easier for us if we did not have to run it, but the mix of students from various universities does add character and quality to the course. At the end the assessment is a combined one of reports from clinical placements, submitted nutritional care plans, a written and an oral examination. Two questions from the final written papers of 1979 serve to illustrate contemporary expectations of our program:

1. Mr M.S. aged 60 years is a maturity onset diabetic, controlled by diet and insulin and works as a storekeeper. He has had persistent 1% glycosuria in the morning. His height is 165 cm. and weight 71 kg.
  - a. Discuss the value of urinalysis as a guide to diabetic control and manipulation of insulin therapy.
  - b. Discuss other ways by which diabetic control can be maintained.
  - c. Plan a diet for Mr M.S.; give an example of a one day's food intake showing the distribution of carbohydrate, protein, fat and energy throughout the day.
  
2. A twenty-three-year-old female fashion designer within 10% of desirable weight six months previously, presented with amenorrhoea. On examination, she was found to be 40.0 kg and 25% below her desirable body weight. She had developed an aversion to food.
  - a. Discuss the diagnostic possibilities.
  - b. How would you as a nutritionist/dietitian contribute to the management in this situation?

In order to achieve comparable academic standards between training institutions in Australia, we have introduced a system of external examination. For the moment, the Professor of Human Nutrition at the University of Sydney is an external examiner. To assess how our students rate for clinical dietetic practice, we also have an external examiner actively engaged in practice; presently this is the Chief Dietitian from Prince Henry's Hospital in Melbourne.

But the course will continue to change from year to year as we respond to changing needs. Innovations and pilot projects will feature each year. There are newer concepts even in "older" areas of dietetic practice — obesity, diabetes mellitus and hyperlipidaemia. We do not consider we have all the expertise within our ranks and we enlist a wide range of specialist lecturers, not only from the dietetic profession but from medicine, nursing, social work and more. We try to respond to changing educational methods, if it would appear that they offer advantage. Deakin University prides itself on its open university or off-campus approach and has study centres throughout Victoria. Video and computer facilities are available in these centres, and offer the possibility for us to develop distance teaching techniques. These considerations might ultimately be more relevant for post-qualification on-going education in which the university might be involved. Another area in which we are interested is the joint learning by students in different health professions, so-called multi-disciplinary learning experiences. Our limited experience with dietetic students alongside other health professional students is encouraging.

There are great demands on the co-ordinators of dietetic training programs, spread as they are between the university, community health centres, food service institutions, teaching hospitals and other hospitals. Many different sorts of personnel and personalities must be co-opted and involved. The students themselves have a very compressed and accelerated transition from undifferentiated university student to professional with the inevitable attendant emotional and philosophical dilemmas — the co-ordinator comes to the rescue!

### **Professionalism in Dietetics**

Professionalism is not an easy concept to define, but some of the ingredients are:

1. Ongoing education
2. Peer review
3. Evaluation of practice methods and effectiveness.
4. A system of ethics.

The training institution must be satisfied that the graduate in dietetics has accepted and embraced these attributes. The profession must ensure that they are maintained.

One of the most important safeguards for professionalism in dietetics will be the national registration of dietitians, presently only achieved in the State of Victoria. Uniformity in registration, and perhaps even national registration, may be facilitated by the Committee for Overseas Qualifications in Dietetics. While the assessment panel is principally concerned with the admission of overseas dietetic graduates, its definition of the essential requirements for dietetic practice in Australia and its development of assessment instruments may well be deployed to ensure uniform standards throughout the nation.