

NUTRITION 101

SPEAKING WITH PATIENTS ABOUT NUTRITION



**The Primary Care Nutrition Training Program
Train-the-Trainer Module
Cardiovascular Disease Prevention and
Control Program, 2010**

Background

The Quality Improvement team of the Cardiovascular Disease (CVD) Prevention and Control program aims to improve the cardiovascular health of New Yorkers through policy, health system, and practice-based interventions that enhance the prevention, treatment, and control of cardiovascular disease risk factors. This includes helping clinicians build skills to support patients in strengthening their self-management.

The Primary Care Nutrition Program addresses a need reported by providers, echoed also in the literature and in consultations with nationally recognized experts. The importance of nutritional counseling in the primary care setting is well established (1-3), in particular when managing chronic diseases such as coronary heart disease; hypertension; and diabetes mellitus (4). Yet most physicians report inadequate training in nutrition, and as a result, many do not address their patients' nutritional issues (5, 6). In the course of working with primary care sites, DOHMH staff became aware of the need *and* desire of physicians and other clinical staff to receive basic training in general nutrition as well as practical ways to tackle nutritional concerns with their patients.

DOHMH has been aware of the paucity of nutrition-related referral options for New York City medical practices, particularly those located in the areas of Central Brooklyn, South Bronx, and East/Central Harlem. To help close the service gap, this nutrition training program was designed to do two things: 1) provide a basic course in general nutrition (*Nutrition 101*), and 2) provide instruction and practical tools on how to communicate this knowledge to patients (*Speaking with Patients about Nutrition* and *Nutrition in Practice: Overcoming Barriers*). All nutrition recommendations are consistent with the 2005 US Dietary Guidelines (7).

In 2007/2008, the program trained over 2000 providers and care team members. Pre-post participant evaluation demonstrated statistically significant improvements in self-report of nutrition knowledge, confidence in speaking to patients about nutrition, and likelihood of actually speaking to patients about nutrition after receiving the training. In addition, health care providers indicated after the training that they would be more likely to provide nutrition education materials and to use nutrition visuals and props with patients. Improvements were reported across all disciplines, including physicians, physician assistants, nurse practitioners, nurses, medical assistants and other support staff.

In order to enhance the sustainability and spread of the Nutrition training within primary care practices, the DOHMH developed and piloted a Nutrition Train-the-Trainer curriculum. It is our hope that through this program, we –

and you – can facilitate more nutrition interactions between patients and their provider/care teams.

References:

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2. Maillet JO, Young EA. Position of the American Dietetic Association: nutrition education for health care professionals. *J Am Diet Assoc.* 1998;98:343-346.
3. Stafford RS, Farhart JH, Misra B, Schoenfeld DA. National patterns of physician activities related to obesity management. *Arch Fam Med* 2000;9:631-8.
4. Eaton CB, McBride PE, Gans, KA, Underbakke GL. Teaching Nutrition Skills to Primary Care Practitioners. *J Nutr.* 133: 563S-566S, 2003
5. Darer JD, Hwang W, Pham HH, Bass EB, Anderson G. More Training Needed in Chronic Care: A Survey of U.S. Physicians. *Acad Med* 2004;79:541-548..
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7. US dietary guidelines 2005

The Nutrition Train-the-Trainer Model

In 2007, NYC DOHMH gave the Primary Care Nutrition Training at a New York City Health and Hospitals Corporation (HHC) Collaborative Learning Session. The feedback was very positive, and DOHMH subsequently received multiple requests for on-site training of staff who had not attended the collaborative learning session.

To accommodate the training requests, we envisioned a model whereby select members of the primary care team at each site would receive in-depth training to teach colleagues about nutrition and champion integration of nutrition messaging into routine daily practice.

In 2009, we piloted a train-the-trainer model. Staff from five HHC primary care sites participated.

The approach of the train-the-trainer program is to:

1. train “Nutrition Champions” (MDs, RNs, and others) to provide training to the entire primary care staff (clinical and non-clinical).
2. encourage Nutrition Champions to take advantage of spontaneous opportunities to train colleagues within their respective disciplines on how to use key messages and nutrition tools.
3. have all clinical staff trained by the Nutrition Champions teach the key messages and use the tools with their patients.
4. have Nutrition Champions assist with integrating nutrition into primary care by developing site-specific models.

Results from the pilot indicated general success. Each site had gone on to develop an integration plan and the Nutrition Champions trained clinical staff. At one hospital-based facility, the Nutrition Champions trained their entire primary care staff of approximately 550, as well as the entire inpatient hospital staff, far beyond the intended reach of this program!

Goals and Objectives of the 2010 Primary Care Nutrition Train-the- Trainer



Who:

This training is designed for primary care providers, nurses, nutritionists, registered dietitians, health educators and other health care workers who will then train other providers and care team members at their health centers.

Training Goal:

To prepare clinical staff, nutritionists, registered dietitians, health educators and other health care workers to effectively train primary care providers and care teams to use key nutrition messages and tools. The ultimate goal of facilitating productive nutrition interactions with patients, and of integrating nutrition messages and counseling into all aspects of care, is to improve patient barriers to self-care.

General Training Objectives:

Upon completion of the training, participants will be able to:

1. Describe the need for clear nutrition messages in the primary care setting and state effective key nutrition messages
2. State the basics of good nutrition in a simple and concrete manner
3. Articulate the importance of adding visual and tactile elements to nutrition

education

- 4. Communicate key nutrition messages in a limited time frame**
- 5. Demonstrate the skills necessary to communicate the above concepts**
- 6. Develop a plan for trainings at their practice**
- 7. Identify opportunities for integration of nutrition counseling into primary care**

Program Learning Objectives:

Session 1: Nutrition 101 (Total hours: 2.0) – **General Staff Training**

Upon completion of the training, participants will be able to:

1. Understand the nutrient content and recommended serving sizes of the food we eat, including: fruits and vegetables, dairy, starches and fiber, protein, fats, sugar, and salt.
2. Articulate the need for clear nutrition messages for patients with chronic diseases and state key nutrition messages.
3. Assess a patient's dietary intake according to the plate method and teach the plate method to patients.
4. Use the tools available to help discuss the above items with patients (soda bottle with sugar, plate planner, portion distortion flip chart, how to read a food label to eat less salt tool).

Session 2 (may be on same day as session 1): Nutrition Champions' Meeting #1 (Total hours: 1.5)

1. Begin the discussion of how the nutrition training will be integrated into practice at your health center.
2. Practice using the nutrition tools.
3. Review and discuss adult learning styles and training strategies.
4. Practice facilitation for effective communication.

Session 3 (one or two weeks after session 2) Nutrition Champions' Meeting #2 (Homework Review and Creating a Nutrition Integration Action Plan) (Total hours: 2.0)

1. Discuss results of implementation of the above trainings into practice.
2. Identify barriers to speaking with patients about the food they consume.
3. Strategize about overcoming barriers.
4. Discuss ways to integrate nutrition content into routine patient visits.
5. Learn to include multi-disciplinary staff in the action plan.
6. Create a Nutrition Integration Action Plan.

Session 4 (3-6 months after session 3): Site visit to assess progress with integration and answer questions

Our Approach

“We don’t have enough time!”

Experience has taught us that health care teams working in busy hospitals and clinics are continually pressed for time; in fact, it is the primary obstacle we hear about. Recognizing this, we decided to approach nutrition training in a very practical way.

Our first assumption is that most providers will not become expert nutritionists—nor do they need to be. As a result, we avoid a complex approach to teaching nutrition. The basics that providers need to know happen to be the same ones that their patients need to know. We focus on the basic information and enhancing providers’ skills to encourage change in patient behavior.

Our second assumption is that providers and care teams will be more likely to discuss nutrition issues when they have clear messages that can be easily delivered in the short time period allotted to the average patient visit.

Our approach is based on the following tenets:

- **Taking small steps can make a big difference.**
- **Have key messages** – sticking to key messages provides focus to both the patient and the provider/care team.
- **Present messages in a simple and concrete manner.**
- **Design messages and interactions that can be delivered in a short time period.**
- **Use visual and tactile tools** – they facilitate better learning and cue the staff.
- **Collaborate with the patient on nutrition goals.**

Responsibilities after Training

Site Responsibilities

Whole team

- Set up and attend on-site meeting with NYC DOHMH representatives
- Work with NYC DOHMH staff to develop model of integrating nutrition within your clinic
- Participate in evaluation

MDs/RNs

- Train staff within your discipline on key messages and tools
- Document trainings with sign-in sheets

Nutritionists/RDs

- Train whole staff on Nutrition 101 in 2010
- Repeat training annually and for new staff as part of orientation

Health Center Designee

- Coordinate administrative activities such as scheduling and provision of staff listings for electronic pre- and post- surveys

NYC DOHMH Responsibilities

- Provide technical assistance with integration
- Evaluate program's effectiveness in meeting stated objectives