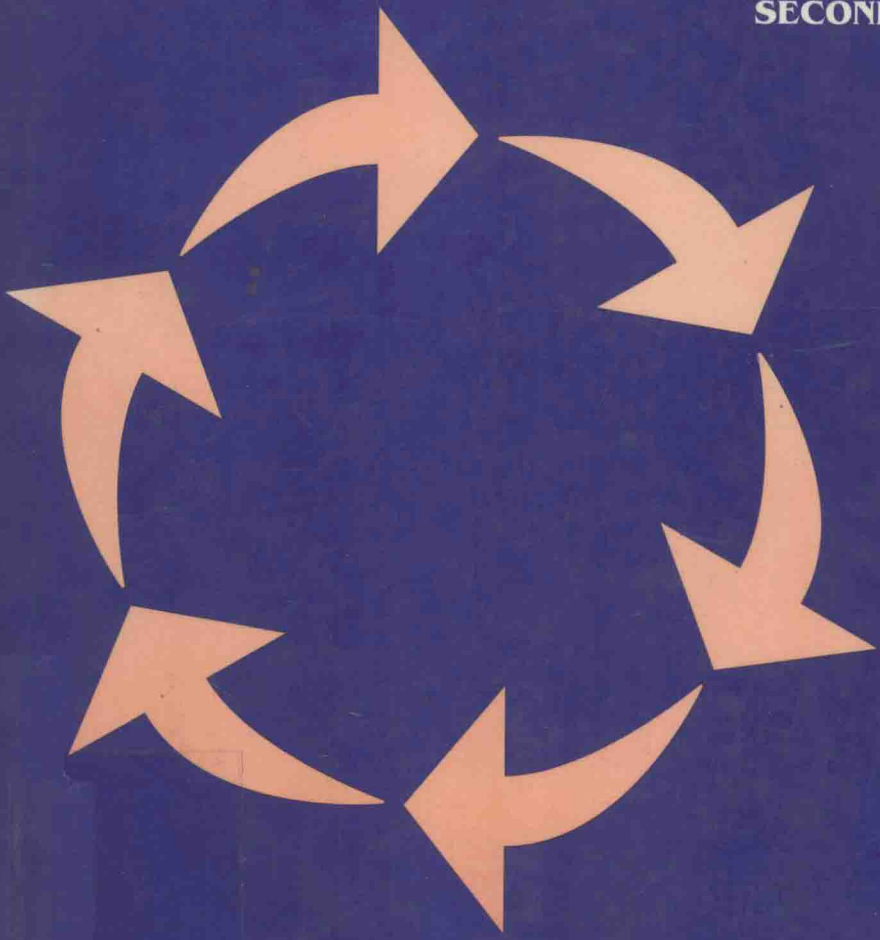
COMMUNICATION and EDUCATION SKILLS

the dietitian's guide

SECOND EDITION



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COMMUNICATION AND EDUCATION SKILLS: THE DIETITIAN'S GUIDE

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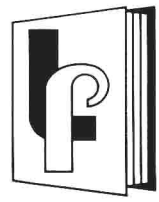

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COMMUNICATION *and* EDUCATION SKILLS: *The Dietitian's Guide*

To Melvin, Susan, and Steven Holli

and

To Alice, Leslie, and Christopher Calabrese

PREFACE

Increasingly, the health professions are recognizing the importance of effective communication skills. These skills are essential for competence in dietetic practice in which the aim of treatment is to facilitate change in the clients' and patients' eating behaviors. Communication skills are not ends in themselves, but are the basis for strengthened interpersonal relationships and are needed for more effective outcomes of treatment. Poor communication skills can affect directly patient adherence to recommendations, patient understanding and satisfaction, and for the manager, relationships with employees and staff.

In the past dietetic education emphasized scientific and technical knowledge and skills, but neglected communication skills. The publication of the American Dietetic Association (ADA) role delineation studies in clinical dietetics, community dietetics, and foodservice systems management in 1981 and 1983 focused attention on the dietitian's use of communication skills. The ADA Standards of Education, implemented in 1987 for educational programs, included knowledge and performance skills in effective communication in the required competencies. The contents of the registration examinations are also based on the role delineation studies. Results of the updated role delineation studies completed in 1989 confirm specific job responsibilities of dietetic practitioners involving skills in communication and education.

The purpose of the book remains the same. The book is intended to help both current practitioners and students improve their communication with their patients, clients, employees, and others, and thus improve their professional practice. One does not develop these skills by only reading about them, however. Actual experience and continued practice are needed. Thus you will find suggested activities following each chapter, including some new ones. The appendix includes a new paraphrase exercise and role plays that may be used to develop interviewing and/or counseling skills.

The book is organized so that skills used primarily in one-on-one encounters are discussed first followed by skills for more effective group presentations. All chapters from the first edition have been expanded to include recent and pertinent information. In addition, two new chapters are added. Following the chapter on behavior modification, a new

chapter deals with the individual's cognitions or thoughts, which may be strong influences on dietary behaviors, and how they can be modified. Included is a discussion of relapse prevention for clients involved in behavioral change. A second new chapter focuses on giving effective oral presentations to groups.

We appreciated the many comments and suggestions we received on the first edition of the book and have incorporated as many as possible. Some who adopted the book are using it in a separate course, while others use it as a supplement to another course.

We are troubled by the custom of using the masculine pronoun when the meaning involves both men and women. We have reworded extensively to avoid this, but when nothing else seemed possible, in a few cases we resorted to the conventional form. The terms patient and client are used interchangeably as are dietitian, counselor, interviewer, practitioner, and nutritionist.

We would like to express our appreciation to Christian C.F. Spahr Jr. of Lea & Febiger for publishing the first edition of this book, thus enhancing our goal of improving dietetic education and practice. We wish to thank Ann B. Williams, PhD, for updating the chapter on behavior modification, and Mary Ellen Druyan, PhD, RD, for specific suggestions. Our families allowed us time to work and supported us during the long hours of researching, writing, and rewriting, for which we are very grateful.

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CONTENTS

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Communication and Education Skills for Dietitians

Dietitians need good communication skills.[1] The job responsibilities of clinical and community dietitians involve communicating with patients, clients, and other institutional staff to educate them about nutrition. Administrative dietitians and managers, who communicate with and train subordinate employees, discover that communication skills are an important key to leadership and managerial effectiveness. Communication is considered a supporting field for dietetics, and a strengthening of communication skills for dietitians at all levels is strongly recommended.[2]

In recent years, all health professionals have become more aware of the need to acquire skills in interpersonal relations because their jobs require frequent interaction with others, such as clients, patients, employees, colleagues, and other health professionals. In addition to having the requisite scientific and technical skills, the dietitian must be able to relate effectively to others. It is not enough to demonstrate competency in dietetics: that competence must be put to use in communicating with others. Human relationships are described as "the media through which technical skills are practiced."[3] Thus there is a need to focus on the process of delivering to others such dietetic services as nutrition intervention through interpersonal communication, counseling, and education. In addition, coordination of team efforts for patient care clearly requires communication and cooperation. Communication is a link connecting all health team members, including the patient. In defining the nutrition goals for the nation, the American Dietetic Association (ADA) recommended that "virtually all routine health contacts with health professionals should include some element of nutrition education and nutrition counseling."[4] Concerning nutrition education for the public, it is the position of the American Dietetic Association that "for the public to achieve optimal nutritional health, nutrition education should be incorporated in all appropriate educational systems, health promotion, disease prevention, and health maintenance programs.[5]

The scope of dietetics is broad. Dietitians and nutritionists are employed in a variety of positions and in a number of different settings.

While the majority are employed in health care facilities (acute care hospitals, medical centers, and nursing homes), others work in commercial business and industry, school feeding, community and public health nutrition programs, wellness centers, or are self-employed in private practice. In a survey, dietitians reported engaging in a wide range of professional activities, including food service management (food purchasing and supervision of employees); the nutritional care of clients, patients, and the management of clinical nutrition services; commercial activities (marketing and sales); the education of dietetic students and other health care professionals; nutrition education of the public; and administrative activities (fiscal planning and public relations).[6]

The five most common divisions of dietetic practice include clinical dietitian, administrative/foodservice management dietitian, dietetics or nutrition educator or researcher, community or public health nutritionist, and consultant or private practice dietitian. Each of these areas of practice may be divided further into subspecialty groups. Within the American Dietetic Association (ADA) are a number of special interest groups:

Community Dietetics
- Public health nutrition
- Gerontological nutritionists
- Dietetics in developmental and psychiatric disorders

Clinical Dietetics
- Renal dietitians
- Pediatric nutrition
- Diabetes care and education
- Dietitians in nutrition support
- Dietetics in physical medicine and rehabilitation
- Sports and cardiovascular nutritionists
- Dietitians in general clinical practice

Consultation and Private Practice
- Consulting nutritionists-private practice
- Consultant dietitians in health care facilities

Management Practice
- Dietitians in business and industry
- ADA members with management responsibilities in health care delivery systems
- School food and nutrition services
- Dietitians in college and university food service
- Clinical nutrition management
- Technical practice in dietetics

Education and Research
- Dietetic educators of practitioners
- Nutrition educators of health professionals

Nutrition education for the public
Nutrition research

All of these specialists use communication skills and education skills in daily practice.

In addition to devoting ongoing attention to and development of communication skills to improve their relationship with staff and clients, dietitians need to be professionally active in a communication network, which consists of people talking to one another and sharing ideas, information, and resources. It is essential for dietitians to have ongoing dialogue with other professionals in their area of expertise. One way to participate in such a dialogue is for dietitians to attend professional meetings and to join one of the subspecialty groups in their area of interest and/or practice. Although sharing information is the primary purpose of networking, the contacts that networks provide are invaluable.

The American Dietetic Association has focused on the knowledge base necessary for professional practice and defined the requisite skills and competencies needed by practitioners. Since 1973, the ADA has been assessing and defining, through role delineation studies, the meaning of competence in the field of dietetics at the entry or minimum level.[7] Information from role delineation studies which identify major and specific responsibilities of the practitioner and the knowledge needed to practice dietetics, is helpful in the credentialing process, in the education of practitioners, and in the process of assurance of quality service and practice.

Role delineation studies have identified the major and specific job responsibilities of entry-level dietetic technicians and registered dietitians and beyond-entry-level registered dietitians related to communication and education, and the skills and knowledge needed for practice.[8,9] Clinical dietitians, for example, are expected to plan, organize, implement, and evaluate nutrition education for clients and patients, give classes to groups, counsel individuals concerning nutrition concepts and desired changes in eating habits, and educate health team members on nutrition-related topics. A study of 180 practitioners involved in direct patient care found strong correlations between dietitians' confidence in their counseling skills and their estimates of the likelihood of client compliance. Dietitians' confidence in their counseling skills was correlated with the intensity of their counseling efforts.[10] Communicating plans for nutrition care to individuals or families, as well as health team members, with documentation in the medical record, is a major responsibility. The development of orientation and training programs for subordinate clinical dietetic personnel is another function.[11] A study of clinical dietitians found that the four activities consuming the largest amount of work time were conducting individual diet instructions, conducting nutrition assessments, reviewing and recording in medical re-

cords, and supervising support personnel.[12] Clinical dietitians surveyed reported the need for continuing education topics, such as patient counseling and education, behavior modification and change, interpersonal communication, and patient compliance strategies.[13]

In community dietetics, responsibilities include providing nutrition education to groups and to individual clients for health promotion, health maintenance, and rehabilitation, and developing orientation and training programs for support personnel.[14] Public health nutritionists and graduate faculty ranked "communicating clearly" and "performing direct dietary counseling" as the top two abilities necessary for practice.[15]

In foodservice systems management, the dietitian is expected to interview applicants for identified positions, to orient and train personnel, to counsel subordinates, and to provide educational programs (on-the-job training, inservice training, and continuing education) that meet the needs of employees.[16]

The consultant is a dietitian in private practice who confers with nursing homes and other institutions to provide advice, instructions, or recommendations for obtaining organizational objectives.

For interaction with those being advised, effective communication skills are a high priority.[1] Teaching is a function of most dietitians.

Common knowledge and skills needed by all dietitians for interpersonal relations include principles of verbal and nonverbal communication, public speaking, principles and techniques of interviewing and counseling, theories and strategies for behavior modification and motivation, principles of learning, teaching methods and techniques, and knowledge of working with groups. These are skills which are not innate, but they can be learned and improved with practice.

HELPING OTHERS

Dietetics is a "helping" profession concerned primarily with providing services beneficial to individuals and society, and dedicated to improving the nutritional status of people. Helping professions have been described as process professions that "require doing something with knowledge," such as communicating, interpreting, and applying nutritional science to the language and lifestyles of people to benefit their health.[1] The helping approach may also be utilized in managing subordinate staff. The professional seeks to guide others in bringing about change.[17]

Helping is a process involving a conversation or series of conversations with another person. Whether in social work, nursing, or dietetics, the professional seeks to answer the question: "What is helpful?" A great deal of helping involves problem solving. Resolving the problem may entail arriving at a decision; developing knowledge, insights, or mutual understanding; setting goals for change; or venting feelings. The

client or patient requires the assistance of the professional in overcoming and solving his problem when he is unable to do so alone. The individual may be incapable of problem resolution owing to lack of information, knowledge, skill, motivation, resources, or due to emotional feelings, such as anxiety.

Helping offers the potential for growth and development, and for achieving the intended result, which is change.[18] Brammer asserts that helping another person is a "process of enabling that person to grow in the direction he chooses, to solve problems, and to face crises."[19] Thus the clients, not the helper, determine whether they want help at all, and if they do, make decisions about their needs and select the goals for their own change or growth. Clients and patients should not be perceived as passive recipients of services. They are active participants in their treatment, working with the professional to restore or optimize their health. Ultimately, clients or patients are responsible for their nutrition and health. According to Fletcher, most medical care "has been—and always will be—self-care," e.g. self-initiated and self-controlled.[20] The acceptance of help is voluntary, and the aim of the professional is to make people self-sufficient so that eventually they can function on their own, solving future problems alone. Doing something for others without their initiative and consent may be counterproductive.

Since helping is future-oriented, counseling of both clients and employees focuses on what can be done to improve performance; it does not dwell on the failures of the past.[18] When they focus on what is acceptable to, and possible for the individual rather than on the individual's failure to comply with previous recommendations, helpers avoid labeling people as "uncooperative," "unmotivated," or "disinterested."

Problem solving involves listening, communicating, and educating, and is fundamentally a learning experience for the individual.[17] The interaction between the helper and the individual is a goal oriented process through which change occurs in the form of learning new information, knowledge, or skills; gaining new insights and perspectives; modifying feelings; changing behaviors; and developing new resources as decisions are made and problems resolved. Helping is more than the provision of information. Books, magazines, newspapers, television, family, and friends can supply information; one does not need a professional to provide it. The resolution of problems, however, and the personal discovery of the meaning of solutions for one's life come from the interaction between the helper and the individual.

The professional and the client should engage in problem solving together, as partners, joining forces and interacting in seeking solutions to ensure an effective learning experience. Providing pat answers and quick solutions that may be obvious to the dietitian does not help the person learn to solve his problems, and this approach should be avoided. Initially, the professional needs to learn about the person and his circumstances in order to assess the problem and plan to provide effective

help. Through engaging in the problem solving process and exploring alternatives with the guidance and encouragement of the professional, the client gains insight into the situation, makes decisions, sets goals, learns to manage resources, and brings about the salutary and desired changes that problem resolution entails. Another benefit of involving individuals in solving their own problems is that it greatly increases self-motivation.

The helping process takes place in the relationship developed between the helper and the individual client, which is a key to the effectiveness of helping and problem solving. The professional strives to create an environment of respect and trust by arranging and maintaining conditions in which individuals perceive themselves as accepted, warmly received, valued, and understood. If the individual feels inferior, dependent, unappreciated, misunderstood, or manipulated, distrust can result, and the individual resists assistance. Trust must be earned; without it, vital self-disclosure on the part of the patient may be limited.[17] Trust in this sense means "the expectation that self-disclosure will be treated with respect and that feedback from the other can be relied on."[3] Respect and trust can be conveyed by avoiding labeling the individual's responses "right" or "wrong," by providing privacy, by showing concern and understanding through careful listening, and by providing nonjudgmental verbal and nonverbal responses, including when necessary, accurate paraphrasing of the meaning of the individual's comments and feelings.

Relationships begin and develop through communication, and the quality of communication influences the quality of the relationship. According to Henderson, the single most important element in interpersonal communication is "sender credibility—the attitude the receiver of a message has toward the sender's trustworthiness."[21] Credibility gaps may occur when the helper fails to project warmth, empathy, friendliness, and concern.

The relationship between the professional and client is probably easiest to establish when the client is similar to the professional in educational level and socioeconomic status. There may be a potential problem when the client is very different from the professional. For example, professionals must deal with clients who are aged, illiterate, uneducated, hearing-impaired, alcoholic, or disabled, and clients may be of various religious, cultural, and ethnic groups, or may be people from lower socioeconomic groups than that of the professional. They may be individuals with critical injuries resulting from automobile accidents and burns, or people with life-threatening diseases, such as cancer and AIDS. Professionals may need to examine their own values and personal attitudes toward others in developing effective interpersonal relationships. This self-awareness provides some insurance against prejudice, or judging others by one's personal values, and enables the pro-

fessional to function out of concern and respect for those who are different.

A number of skills are needed by helping professionals. They include techniques of interviewing and counseling; ability to relate to groups, individuals, and communities; effectiveness in bringing about change; capacity for self-understanding; establishment of professional, interdisciplinary relationships; and knowledge of personality, group, and societal dynamics.[17] With these skills, the helper can assist others to assess all dimensions of a problem, to explore alternative solutions, and to stimulate action toward positive change and problem resolution. The helper's proficiency in specific communication and helping skills directly affects the success or failure of helping transactions. Since considerable responsibility for desired outcomes must be assumed by the health professional, it is imperative that helpers develop and improve their counseling skills.[18]

PROMOTING CHANGE

The solutions discovered through the problem-solving process, whether used with clients or employees, require some kind of change from people. The client who is learning dietary changes, for example, may be expected to know and remember lists of foods which can or cannot be consumed, to read labels, to shop for and prepare different foods, or to use different cooking methods. An employee may need to learn and to follow new work methods and procedures. Two basic questions include (1) what sort of change do we wish to bring about, and (2) how can this be accomplished.[22]

Peck viewed the successful professional as a "change agent" who needed the ability to intervene in human environments to promote change in behavior.[23] Knowledge of the social, cultural, psychological, and other forces affecting motivation for change in individuals or in groups, either positively or negatively, is necessary. The professional may select from a variety of processes to promote desired change. These processes include communication, counseling, behavior modification, consultation, education, group process, supervision, administration, planning, and evaluation. Before applying change strategies, the professional should establish that the individual is an informed, willing partner.

Some people are more resistant than others to making changes in lifestyles, and such resistance to modifying their old patterns of behavior should be considered normal.[24] Change upsets the established ways of doing things, creates uncertainty and anxiety, and forces the need for adjustments. Because attitudes are thought to be the predisposing agents of practice, they should be explored. Every problem has two aspects—what the person thinks about it, and how he feels about it. A client may THINK, for example, that a dietary regimen would be