

COMMUNICATION SKILLS FOR DIETITIANS: WHERE ARE WE UP TO AND WHERE ARE WE GOING?



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There are few dietitians who do not agree that good communication skills are at the heart of dietetic practice¹, but what exactly is meant by 'good communication skills' and how do we know if we have got them or not? This article will discuss some of the recent relevant policy and published literature in this subject area and aims to provide some suggestions for how we could further develop these skills as a profession.

The expected capabilities of a graduate dietitian in relation to communication skills are clearly described^{2, 3}. This includes being an effective communicator, active listening, establishing rapport with patients, demonstrating compassion, empathy and understanding. These capabilities are comparable to expectations for healthcare professionals more generally^{4, 5, 6} and training of healthcare professionals in communications skills to deliver patient-centred care and to support behaviour change is consistently recommended^{7, 8}. Sadly, some healthcare professionals lack skills in communication-related areas, such as demonstrating compassion, offering reassurance and involving patients in care decisions⁹. To support the NHS in the future, the need for patient-centred care, working with patients and carers to set and achieve healthcare goals by engaging, empowering and listening to the views of patients and carers has been strongly re-emphasised¹⁰. The same key messages are consistently being delivered, i.e. good communication skills are important in patient care, a patient-centred approach is required and effective training for those working in healthcare is recommended.

WHAT IMPACT DO COMMUNICATION SKILLS HAVE ON DIETETIC PRACTICE?

In dietetics there is a developing evidence base that supports the positive effects of good communication skills.

One of the key areas is with the demonstration of empathy, that is, the desire to understand the patient's experience and to demonstrate that understanding to the patient¹¹. Demonstrating empathy in dietetic consultations has been shown to improve patient satisfaction^{12, 13, 14}. Goodchild et al found that the more empathetic the dietitians' response to emotional cues was, the more satisfied patients were. Greater patient satisfaction is important as it is more likely that highly satisfied patients will maintain appointments and adhere to the dietary recommendations that have been made, which is essential if dietetic practice is going to be effective¹⁴. Empathy has also been shown to lead to higher levels of agreement about the decisions made within a consultation^{12, 15} and to more extensive dietary changes being implemented¹⁶. However, there is little evidence as yet to suggest that this leads to improved clinical outcomes¹⁶.

Several studies have elicited the views of dietitians and their patients on what was desirable within consultations^{17, 18, 19}. Although these studies were completed in different countries; the UK¹⁸, Australia¹⁷ and Israel¹⁹ and there may be different cultural views, the conclusions were very similar. Patients stated that they want to be treated as individuals¹⁷, to be listened to¹⁷, to have a rapport with the dietitian^{17, 18}. They wanted a positive partnership¹⁷ and for the dietitian to be patient-centred¹⁸ and empathic¹⁹. Although the clinical skills of ▶

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the dietitian were considered important, patients also valued active engagement, sharing and open communication¹⁸ and the appropriate personal presentation of the dietitian^{17,18}, i.e. smart but not too formal. The ability of dietitians to be flexible in their communication approach was important as some patients prefer a more practitioner-led and some a more patient-led consultation^{18, 19}. In contrast, patients were less likely to attend follow-up consultations when the dietitian lacked a patient-centred approach, lacked empathy, did not individualise advice or focused on information giving¹⁹. This reinforces the need for good communication skills for effective practice.

One area where there is clear evidence of a need for improvement is in relation to shared decision making. In a Canadian study, Vaillancourt et al used a validated tool to assess dietitians' consultations and found an overall mean score of 29 ($\pm 8.0\%$) (range 0% [no patient involvement in the decision] to 100% [high patient involvement]) which suggests that dietitians were not involving patients in the diet-related decision making process²⁰.

DEVELOPING COMMUNICATION SKILLS POST-REGISTRATION

The dietetic workforce includes people who trained in a variety of Higher Education Institutes (HEIs) with differing methods of teaching and learning. The pre-registration training of dietitians is constantly developing and those who trained many years ago will have had a different pre-registration education experience to those who trained more recently. Several studies have demonstrated that dietitians would like more training in communication skills post-registration and that their pre-registration training focused more on knowledge than communication skills^{14, 21, 22, 23}. There is an assumption that experience leads to skill development, but little evidence to support this.

In the UK, there is little to guide dietitians on how to develop their communication skills, or what they should be aiming for. In the USA, the Academy of Nutrition and Dietetics has recently produced a series of documents for a variety of specialist areas of dietetics which define the skills required at three different levels of practice: competent, proficient and expert²⁴. A competent practitioner is recently qualified, a proficient

practitioner is generally three or more years post-registration and an expert practitioner is recognised within the professional as having reached the highest level of knowledge and skill. This gives dietitians a very explicit guide to what they need to do to progress in a specific clinical area, and communication skills are included as one of the six domains of professional practice within this²⁴. Similarly, a study undertaken to describe what is meant by advanced or expert practice concluded that advanced practice tasks are patient-centred and include the use of advanced interviewing, education and counselling strategies²⁵.

How do dietitians develop from competent to proficient and expert levels in relation to their communication skills? There are many opportunities for Continuous Professional Development (CPD) in communication skills available and some are dietetic specific. Whitehead et al (2009) found that the majority of dietitians responding to a survey (n=906, 79.6%) had undertaken CPD and were very positive about its effect on their work practice, but many were keen to develop their skills further, in particular, in advanced skills such as motivational interviewing and cognitive behavioural strategies¹. Evidence from medicine and nursing suggests that communication skills can be enhanced by training; however, there are concerns about the difficulties of transfer of training into practice^{26, 27} which was also a concern of dietitians¹.

HOW DO WE MEASURE SKILLS?

One of the challenges with skill development is having an objective way of assessing skills. How do we know if attending training actually leads to positive changes in practice? Most studies have explored dietitians' perceptions of their skills, or patients' views of the dietitian's skills, rather than any objective measure. For this reason, Whitehead et al (2014) developed and validated an assessment tool, DIET-COMMS, which is designed for the assessment of communication skills within dietetic patient consultations²⁸. The tool was tested using videoed consultations with simulated patients, with students at various levels of training and qualified dietitians. DIET-COMMS is a simple form covering one side of A4 which consists of 20 items which cover the content of a dietetic consultation and the communication skills within

that. Each item can be scored with 0 (not done or not achieved), 1 (partly achieved or attempted), or 2 (fully achieved). DIET-COMMS has been comprehensively tested and it has been found to have face validity, content validity, construct validity, predictive validity, intra-rater reliability and moderate inter-rater reliability.

As with any assessment tool, there is a need for those using it to be familiar with it and to be able to assess in a consistent manner. For this reason a training package is being developed to support its use in both student training and for CPD. The training package will be open access via a web page, so no cost will be incurred for users and they will be able to return to the package as often as they wish. The package includes video-recorded mock consultations to a variety of standards. These were undertaken in out-patient clinics, a ward setting and a home setting. There are service user views on the consultations to aid understanding on how the patient might feel or react in those situations and also an expert view on how each consultation would be scored on DIET-COMMS. There are downloadable resources to support teaching and learning. For example, feedback sheets on each of the 20 items on DIET-COMMS are designed to support individuals to identify what they could do differently to improve that specific item. Guidance sheets have been developed, for example, on how to set up peer assessment in the workplace and on giving constructive feedback. The DIET-COMMS training package will be launched in 2015.

THE WAY FORWARD

There appears to be a willingness and desire within many dietitians¹ to undertake CPD in relation to their communication skills post-registration. The DIET-COMMS training package may support this, but there are other questions to consider.

How good are dietitians as a profession at the moment? Some may consider that there is no need for improvement, as dietitians are all good at communicating already. The reality is that we really don't know the answer to this question as the research has not been completed; however, many studies suggest that there is room for improvement^{1, 18, 19} and considerable variation has been demonstrated²⁸.



Should UK dietitians develop a framework for skills required for competent, proficient and expert levels in relation to communication skills, as has been completed in the USA²⁴?

Would such a tool be helpful and would it ensure that this aspect of professional practice would be considered more formally?

Should peer observation or peer assessment in the workplace be undertaken routinely?

There is evidence that this is occurring in some departments already¹, but concerns have been raised that some dietitians would find this threatening and that it would not be acceptable²⁸. However, this already happens with some other healthcare professionals regularly, such as doctors.

Is it time for a more consistent approach to dietetic pre-registration training? This already happens in UK medical schools where a national group develops guidance and tools to support the HEIs²⁹.

Is there a need for a BDA Specialist Group on communication skills? It is a subject relevant to all, but may provide support and guidance for those who want to develop their skills.

There are many unanswered questions and a lot of potential for research which can take the dietetic profession forward. Developments in this area could help dietitians to consistently deliver the high quality, patient-centred, effective services that we are capable of and which are required to meet professional standards and current guidance. What part can you play? ■