

Oral exam checklist for DSR candidates

Purpose of this document:

To assist DSR candidates in preparing for the DSR oral examination with resources and examples of a consultation in the Australian context.

The content of this document is provided as a guide only to assist you in preparing for the DSR oral examination.

The oral examination consists of three tasks:

- **Task 1- Nutrition Assessment and Diagnosis** (speaking with a client)
- **Task 2 – Education and Counselling** (speaking with a client)
- **Task 3 – Interprofessional practice** (speaking with another health professional)

Key things to consider before you begin:

- Understand the **Australian healthcare context**, including the foundation of our health system (Medicare), private health insurance, services available and health system challenges, to name a few. It can be beneficial to understand the path of care for a patient/client, which may also benefit you in your future work
 - o [The Australian Health System](#)
 - o [Health System overview](#)
- A large portion of the population (over 85% of people aged of 65) access some form of aged care services. As such, an understanding in the **Aged Care system** in Australia including eligibility, types of aged care services, access, cost, quality and food service offerings is important
 - o [About aged care](#)
 - o [Residential aged care food services](#)
 - o [Residential aged care food services discussion paper](#)
 - o [Food and nutrition in aged care – regulation and compliance](#)
- Familiarise yourself with **common foods** in the Australian context. If you are in Australia, it would be beneficial to go to an Australian supermarket to get an idea of the typical types of breakfast, lunch, dinner and snack options available. It would be helpful to review the ingredients, nutrition information and serving size to gain a clearer understanding of the products nutrition.
If you are not in Australia, you could research some typical meal and snack foods and ingredients on supermarket websites such as [Woolworths](#) and [Coles](#) and find recipes from popular Australian food sites, such as [Taste](#).
Some foods to explore further could be:
 - o **Breakfast cereals** – cereals, muesli/granolas etc.
 - o **Dairy items** – milk and milk alternatives, yoghurts

The leading voice in nutrition and dietetics

A PO Box 2087 Woden ACT 2606 | T 02 6189 1200

E info@dietitiansaustralia.org.au | W dietitiansaustralia.org.au

Dietitians Association of Australia | ABN 34 008 521 480

Dietitians Australia and the associated logo is a trademark of the Dietitians Association of Australia.

- **Australian specific products** such as **Vegemite** (a yeast spread often used on toast or in sandwiches), **Weet-Bix** (a whole-grain wheat biscuit breakfast cereal, often eaten with milk and sometimes fruit) and **high fibre, low GI white bread** (an alternative to wholemeal bread that is commonly available in most supermarkets and bakeries).
- Understand the [National Competency Standards for Dietitians](#) – these describe the function of a dietitian and minimum performance expectations as an Accredited Practising Dietitian in the workplace.

The table below highlights key things to consider in how you manage the consultation.

Key areas	Details and considerations	Resources/examples
Structure	It is important to keep a logical flow and structure of the consult/meeting. Time management is essential for both the client and the dietitian. Having a clear structure and plan should allow all elements of the consultation to be covered	ADIME framework for dietetic consultations See DIET-COMMS items 1-12 for a guide on what to focus on in the consultations and 13-20 as a guide to what examiners may be looking out for, including descriptions and examples as a guide of the above.
	<p>Important note:</p> <p>While the examples provided in the above 'DIET-COMMS' tool are intended to illustrate the types of communication behaviours that may occur during a dietetic consultation, they are <u>not</u> designed to be prescriptive and <u>should not</u> be interpreted as a checklist or script. Some examples may not reflect common Australian practice (for example, asking a client's address to confirm identity). Candidates should therefore focus on the broader communication principles rather than the specific examples</p>	
Professional Communication via a telehealth setting	<p>Non-verbal communication</p> <p>It is vital to consider non-verbal communication to assist with building rapport with clients. It can convey warmth and professionalism and is likely to help clients to feel more comfortable to discuss their health concerns with you.</p> <p>Key considerations may include:</p> <ul style="list-style-type: none"> - Body language (posture, body position, head movements) - Facial expressions (smiling, frowning, raising eyebrows etc. can all express to 	Non-verbal communication Communication Skills: A Scoping Review of Experiences, Perceptions, and Use in Dietetics Practice

	<p>the patient how you feel about something)</p> <ul style="list-style-type: none"> - Eye contact <p>While this is an online consultation, it is important to consider these factors to help with rapport building and trust between you and your client.</p>	
	<p>Open ended questions</p> <p>These types of questions are essential to prompt more than yes/no answers from a client. Asking these types of can further help to build rapport, identify behavioural patterns and may reveal a client’s motivation/willingness to make changes.</p>	<p>Open ended versus close ended questions</p>
	<p>Reflective/active listening</p> <p>This may involve clarifying what the client is telling you, paraphrasing to ensure your own understanding, acknowledging their emotions and picking up on verbal cues such as their pace, pauses and voice intonation.</p>	
	<p>Summarising</p> <p>Summarising <i>throughout</i> the consultation is part of active listening and ensures that both you and the client understand each other. It is also important to summarise at the end of the consultation so that the client has a clear understanding of the consultation, goals and next steps.</p>	<p>Summarising appropriately throughout consultation</p>
	<p>Language</p> <p>Consider the language you use to discuss a clients particular health issue. While the example provided focuses on diabetes, this approach should be considered for all health issues.</p>	<p>Language considerations</p>
Rapport	<p>Establishing and maintaining rapport</p> <p>The above communication techniques will assist in establishing rapport. Some other factors to consider may include:</p> <ul style="list-style-type: none"> - Maintaining a non-judgemental approach - Using inclusive and sensitive language 	

	<ul style="list-style-type: none"> - Showing interest in the client's life relevant to the consultation - Being aware of and sensitive to cultural, financial and literacy factors 	
Cultural Safety	It is important to consider an individual's cultural background, whether it be Aboriginal or Torres Strait Islander, or another background. Showing respect and awareness to any cultural differences is important to help with rapport building	Engaging respectfully with Aboriginal and Torres Strait Islander clients
Stages of change	Assessing an individual's readiness to change can affect how a consultation is structured. It is important to be aware of the various stages of change and a client's potential barriers.	Stages of behaviour change Communication techniques to assist talking to clients in various stages of change
Safety to practice	It is vital that you are able to demonstrate safety to practice by demonstrating safe and appropriate care for the client.	Dietitians Australia Code of Conduct

Overall, it is important to consider demonstration of the following:

- Safe and ethical practice
- Client-centred care
- Cultural safety and responsiveness
- Clear structure and time management
- Independent, practice ready clinical judgement

Video examples of dietetic consultations (tasks 1 and 2)

[These videos](#) provide examples of an outpatient setting dietetic consultation. The examples range from *not good* to *reasonable* to *better* consultations. These videos demonstrate what an in-person consult looks like, therefore some aspects of these examples may not be applicable to a telehealth appointment setting. However, reviewing these consultations and the patient and dietitian feedback of each one will further assist in providing guidance on what an examiner may look for when assessing a consultation.

Interprofessional Practice (task 3)

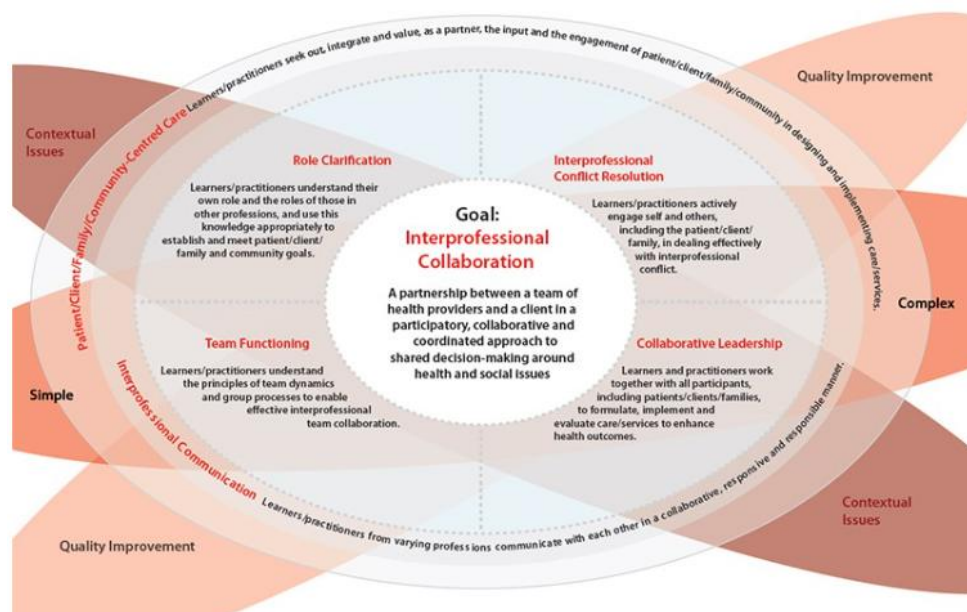
When speaking with another health professional, as is the case for task 3, it is important to consider the following:

- Clearly communicating the role of a dietitian in the client's care
 - o Communicate your expertise as a dietitian and your role in the process as a nutrition professional
- Advocating for your client using evidence-based information

- Focus on evidence-based information and using best practice and appropriate resources to advocate for your client
- Conflict management and conflict resolution
 - You should be able to manage any disagreements or differences of opinion by focusing on maintaining a client-centred approach
- Client-centred care
 - It is important to focus on shared goals for the client to ensure their nutrition is appropriately managed, while also considering the other health professionals' role

Examples

- [‘How to communicate within a team’](#)
- [Collaborative care](#)



Source: <https://openbooks.macewan.ca/professionalcommunication/chapter/9-1-interprofessional-communication/#:~:text=Written%20communication%20in%20the%20interprofessional,and%20emails%2C%20and%20text%20messages.>