

Range of Variables Statements and Evidence Guide

December 2010

Unit 1	
Unit range of variables statement	<p>Demonstrates knowledge sufficient to ensure safe practice.</p> <ul style="list-style-type: none"> › Each of the competency elements in this unit needs to be reflected in the curriculum (as outlined in the core fields of study). › For postgraduate curricula, assumed knowledge must be clearly stated in the course entry requirements. › Knowledge of the theory of human nutrition and dietetics to a level which supports safe practice is required to demonstrate competency in this unit and all subsequent units.
Elements	<ul style="list-style-type: none"> 1.1 Applies current knowledge of the theory of human nutrition and dietetics and related practice to a level which supports safe practice. 1.2 Describes personal, social, cultural, psychological, environmental, economic and political factors influencing food and food use, food habits, diet and lifestyle. 1.3 Demonstrates knowledge of foods and food preparation methods used in the practice community. 1.4 Relates knowledge of food science to nutrition and dietetics. 1.5 Describes and compares food service systems. 1.6 Describes food systems, food use and food and nutrition policy. 1.7 Applies basic principles of education theory as it applies to nutrition and dietetic practice. 1.8 Demonstrates or employs effective communication and counselling strategies as they apply to nutrition and dietetic practice. 1.9 Relates theories of organisation, management and marketing to nutrition and dietetic practice. 1.10 Describes and compares theories of health promotion, program planning and management and public health. 1.11 Conducts or uses nutrition research methodology, research principles and evidence-based practice including qualitative and quantitative research methods. 1.12 Applies the National Physical Activity Guidelines in practice. 1.13 Applies principles of learning theory. 1.14 Applies clinical reasoning theory.
Elements range of variables statement	<ul style="list-style-type: none"> › Safe practice requires a commitment to continuous professional development and recognition of personal limits. It is consistent, ethical, and independent, complies with guidelines and is supported by evidence. › Nutrition science includes biochemistry, physiology and pathophysiology. › Knowledge of food in the broadest sense, including food supply and distribution, food use, food habits, food science, food preparation, food service management and food hygiene. › Knowledge of the nutrition care process and chronic disease management.
Elements evidence guide	<p>Examples of evidence could include:</p> <ul style="list-style-type: none"> • exams (could be oral) • assessment tasks • case studies.

Unit 2	Demonstrates effective and appropriate skills in listening and communicating information, advice, education and professional opinion to individuals, groups and communities
Unit range of variables statement	<ul style="list-style-type: none"> › Knowledge of the theory of human nutrition and dietetics to a level which supports safe practice is required to demonstrate competence in this unit. › Knowledge of personal, social, cultural, psychological, environmental, economic and political factors influencing food use, food habits, diet and lifestyle is required. › Knowledge of food habits, food use, diet and lifestyle, as well as food science as it relates to nutrition and dietetics is required. › Knowledge of effective communication and counselling strategies as they apply to nutrition and dietetic practice is required. Communication strategies include oral, written and interpersonal. › Professional opinion is based on evidence and guidelines.
Unit evidence guide	Evaluation of competency in this unit may include assessment with Units 1, 3, 4, 5, 6, 7, 8 and 9.
Elements	<p>2.1 Translates technical nutritional information into practical advice on food and eating.</p> <p>2.2 Identifies and develops education resource material.</p> <p>2.3 Communicates with individuals, groups, organisations and communities from various cultural, socio-economic, organisational and professional backgrounds to enable them to take actions to improve nutrition and health outcomes applying the principles of learning theory.</p> <p>2.4 Develops and delivers education sessions for small groups</p>
Elements range of variables statement	<ul style="list-style-type: none"> › Technical nutrition information may include: scientific articles and biomedical literature, databases in government health department and food company reports, drug compendiums, biomedical reference standards, food composition tables, food service policies, regulations and guidelines. › Communication includes individuals, and groups through to professional and community forums. › Knowledge of the principles of human learning theories. Learning theories include health promotion and behaviour change theories. › Small group education sessions include those able to be facilitated by one presenter.
Elements evidence guide	<p>Examples of evidence could include:</p> <ul style="list-style-type: none"> • presenting a nutrition education session • developing nutrition education resource packages • preparing a literature review of a nutrition topic for a research subject, seminar or journal club • managing team meetings • completing an assignment requiring the translation of scientific evidence into practice • translating of scientific knowledge into practical advice and menu plans for the client, using the nutrition care process. <p>Contexts may include but are not limited to: individuals, small groups, communities requiring nutrition and food programs, including disadvantaged communities, the general population and other professionals. An attempt to include those individuals and groups from Culturally and Linguistically Diverse and Aboriginal and Torres Strait Islander backgrounds.</p>

Unit 3	Collects, organises and assesses data relating to the health and nutritional status of individuals, groups, and populations.
Unit range of variables statement	<ul style="list-style-type: none"> > Knowledge of the theory of human nutrition and dietetics to a level which supports safe practice is required to demonstrate competence in this unit. > Knowledge of dietary intake and research and evaluation methodology is required to demonstrate competency in this unit.
Unit evidence guide	Evaluation of competency in this unit may be assessed with Units 4, 5 or 6, in addition to Units 7 and 9.
Elements	<p>3.1 Collects food intake and food systems data.</p> <p>3.2 Collects health and medical, cultural, psychosocial, economic, personal and environmental data.</p> <p>3.3 Provides assessment of food intake data.</p> <p>3.4 Provides assessment of nutritional status data.</p> <p>3.5 Assesses and assigns priorities to all data.</p> <p>3.6 Draws justifiable conclusions.</p>
Elements range of variables statement	<p>Data includes:</p> <ul style="list-style-type: none"> • nutrient requirements of individual clients, groups and populations • nutrient intakes and nutrient composition of foods • clinical and biomedical parameters • demographic, social, psychological, environmental and cultural issues • eating behaviour of the different groups. <p>Data must be collected using methods applicable to individuals, groups and populations in the acute care, long stay, community or research situation.</p> <p>Assessment of data includes use of:</p> <ul style="list-style-type: none"> • reference values and standards, such as: NHMRC Nutrient Reference Values (NRV), Upper Limits (UL) and Suggested Dietary Targets (SDT) • food composition data available from the Food Standards Australia and New Zealand (FSANZ) database • biomedical standards and reference ranges • anthropometric standards and reference ranges • physical activity and dietary guidelines • tools such as the Australian Guide to Healthy Eating. <p>The term 'individuals' includes: single individuals, couples, parent/ s and child/ren. The term 'groups' includes community groups and population sub-groups.</p> <p>The term 'populations' includes entire populations at the regional, state or national level.</p> <p>It is desirable to seek advice from an experienced colleague, other experienced health worker or interpreter for complex medical cases or complicated social/family/cultural backgrounds to maintain safe practice.</p>
Elements evidence guide	<p>Examples of evidence could include:</p> <ul style="list-style-type: none"> • a facility foodservice analysis • an assessment of an individual's nutrient intake and prescribed action plan • a nutrition profile or needs assessment for a particular community or population. <p>Assessment of elements of this unit may be a simulated case study.</p> <p>Contexts could include, but are not limited to: hospital in- and out-patient settings; residential aged care facilities; community health care centre; client residence; private practice, including lifestyle or wellness setting; general practice setting; Aboriginal Community Controlled Health Services worksite or other non-government agency; state health agency.</p>

Unit 4	Manages nutrition care for individuals.
Unit range of variables statement	<ul style="list-style-type: none"> › Knowledge of the theory of human nutrition and dietetics to a level which supports safe practice is required to demonstrate competency in this unit. Nutrition care includes preventative, therapeutic and palliative care. › Nutrition care planning includes the principles of assessment, diagnosis, implementation and evaluation (the nutrition care process or NCP).
Unit evidence guide	Evaluation of competency in this Unit may include simultaneous assessment of Units 2, 3, 7, 8 and 9.
Elements	<p>4.1 Undertakes screening and assessment to identify and prioritise those at nutritional risk.</p> <p>4.2 Determines nutritional status using assessment data.</p> <p>4.3 Makes appropriate nutrition diagnoses.</p> <p>4.4 Prepares plan for achieving management goals in collaboration with client or carer and other members of health care team.</p> <p>4.5 Uses client-centred counselling skills to facilitate nutrition and lifestyle change and supports clients to self manage.</p> <p>4.6 Implements nutrition care plan in collaboration with client or carer and other members of health care team.</p> <p>4.7 Monitors progress of the individual's condition and care, and adapts plan as necessary.</p> <p>4.8 Documents and communicates all steps of the process.</p>
Elements range of variables statement	<ul style="list-style-type: none"> › Screening and assessment includes the use of evidence based guidelines and tools in the identification of nutritional risk. › Appropriate nutrition diagnosis includes the use of standardised language for dietetics (International Dietetics and Nutrition Terminology (IDNT) Reference Manual- Standardised Language for the Nutrition Care Process, ADA, 2009) and the construction and communication of nutrition diagnostic statements. › Management of care requires the consistent management of cases, using an evidence based approach, using the nutrition care process from admission, follow up and discharge in either an acute care or ambulatory care situation. › Mental health co-morbidities, such as depression, need to be considered in nutrition care planning › Prioritisation of existent co-morbidities needs to be considered in nutrition care plan. › Collaboration includes discussion of the case and advocating for the client with the appropriate health care worker or carer. Skills in communication, negotiation, and counselling must be demonstrated. › Communication is person-to-person, or person-to-group, but in circumstances where this is not possible, e.g. unconscious client, family and medical communications are relevant. › Health care team includes any health professional, food service, community worker or organisation involved with patient care. › Documentation is according to accepted procedures of the organisation or practice. › Management of a variety of client cases without assistance includes most of the body system conditions including: cardiology, critical care, endocrine, gastroenterology, gerontology, immunology, nephrology, oncology, orthopaedics, respiratory, paediatrics and general nutrition across the lifecycle. › The ability to manage a range of conditions is required however this list of cases is intended to be neither prescriptive nor exhaustive. › It is desirable to seek advice from an experienced colleague, other experienced health worker or interpreter for complex medical cases, with more than one diagnosis or complicated social/family/cultural backgrounds to maintain safe practice.
Elements evidence guide	<p>Placement constraints may not enable the student to demonstrate management of every possible clinical case type.</p> <p>Students must demonstrate a knowledge and understanding of the NCP, throughout an episode of care, as it applies to a variety of health and disease states throughout the life cycle.</p> <p>Examples of evidence include:</p> <ul style="list-style-type: none"> • nutrition care process applied to an individual client counselling session • documented client management plans • case studies • simulated exercises and Objective Structured Clinical Examinations (OSCE).

Unit 5	Plans, implements and evaluates nutrition programs with groups, communities or populations as part of a team
Unit range of variables statement	<p><i>Note: the term “program” refers to programs, projects or pilots.</i></p> <ul style="list-style-type: none"> › Knowledge of the theory of human nutrition and dietetics including food habits, food use, diet and lifestyle, to a level which supports safe practice is required. › Knowledge of health promotion, community development, capacity building and community engagement as well as program planning theories and their application is required. › Knowledge of public health and public health policy and the contextualisation of public health nutrition are required. › The dietetic process in this context refers to the relevant planning cycle of assessment, planning, implementation and evaluation. › “Team” may include but is not limited to “the community”, health care professionals, food industry, local government, teachers, welfare workers, youth workers, Aboriginal and Torres Strait Islander workers, environmental health and safety officers.
Unit evidence guide	Evidence of competency in this unit may be assessed in conjunction with Units 2, 3, 7, 8 and 9.
Elements	<ul style="list-style-type: none"> 5.1 Conducts a needs assessment. 5.2 Assesses opportunities to improve nutrition and food supply in a community or population group. 5.3 Plans nutrition programs with the population group. 5.4 Develops plans to provide safe and nutritious food. 5.5 Implements nutrition programs with the population group. 5.6 Makes recommendations on food and nutrition policy. 5.7 Evaluates nutrition programs with the population group. 5.8 Documents and disseminates all steps of the process.
Elements range of variables statement	<ul style="list-style-type: none"> › Needs assessment encompasses the location, collection and critical analysis of information from community and textual sources to understand the determinants, needs, issue identification and possible interventions. › Populations vary in size and may include those groups targeted by national, state and local food and nutrition policies. › The food supply includes all points within the food system from production to consumption. It includes access, availability and affordability of safe, culturally appropriate foods which are socially and environmentally sustainable, to improve health and well-being. › Programs include those nutrition interventions dealing with health promotion issues, disease prevention and management, and improvements in the food supply. › An understanding of advocacy and capacity building as they apply to the food supply should be integrated as part of program planning and policy development. › Capacity refers to helping communities to meet their objectives.
Elements evidence guide	<p>Placement constraints may not enable demonstration of all components of this cycle; however, students must demonstrate an understanding of all components.</p> <p>The project needs to relate to the planning and evaluation cycle.</p> <p>Examples of evidence could include:</p> <ul style="list-style-type: none"> • the dietetic process applied to a community/public health/food program which includes a detailed nutrition profile • a needs assessment • a detailed plan for a community nutrition program • a detailed implementation and/or evaluation strategy. <p>Examples of further evidence within practice constraints outside the practice placement may include:</p> <ul style="list-style-type: none"> • development of a program proposal • project reports • an examination • a case study. <p>These could include the evaluation process and a communication strategy.</p> <p>Contexts may include, but are not limited to: government and non-government agencies such as population health units, community health care centres, welfare agencies, schools, long day care centres, Aboriginal communities; food production, development and manufacturing including advocacy in food industry; and food retail settings.</p>

Unit 6	Manages components of a food service to provide safe and nutritious food
	<p><i>Note: Food Service refers to an environment where clients are nutritionally dependent. These would usually be referred to as food service institutions such as hospitals, residential aged care facilities, see statement under contexts)</i></p>
Unit range of variables statement	<ul style="list-style-type: none"> › Knowledge of the theory of human nutrition and dietetics including nutrition science, food habits, food use, diet, culture and lifestyle, as well as food science as it applies to the foodservice context, to a level which supports safe practice is required. › Knowledge of food service systems and the systems approach must be demonstrated including change management and working with teams. › The dietetic process in this context refers to the relevant planning cycle of assessment, planning, implementation and evaluation, using a systems or management approach.
Unit evidence guide	Evidence of competency may be assessed with Units 2, 3, 7, 8 and 9.
Elements	<p>6.1 Assesses opportunities to improve nutrition and food standards within a food service institution.</p> <p>6.2 Develops plans to provide safe and nutritious foods in a food service institution.</p> <p>6.3 Implements activities to support delivery of quality nutrition and food standards within a food service.</p> <p>6.4 Evaluates and disseminates results of activities.</p>
Elements range of variables statement	<ul style="list-style-type: none"> › Assessment includes the ability to interpret and apply NRV's, nutrition and menu standards, and local food and nutrition policies to the group setting. › Food and nutrition issues of individuals in the group context who are targeted by national, state and local food, nutrition and health policies must be addressed as for Unit 5. › Food and nutrition issues of people with non-standard dietary requirements (for example medical and cultural) and at nutritional risk must be addressed as for Unit 4. › Food service system components include supply, production, delivery and quality assurance. › Safe food relates to meeting food safety standards produced by national, state and local authorities (for example FSANZ food standards code, in particular 3.2.1 and 3.3.1).
Elements evidence guide	<p>Examples of evidence could include the dietetic process applied to:</p> <ul style="list-style-type: none"> • quality management projects such as, development and review of policy and procedures • quality audits (e.g. a meal quality assessment) • systems review of foodservice e.g. review of meal delivery systems or menu management systems • assessment of meals meeting client requirements e.g. menu planning and review • client foodservice satisfaction, evaluation of consumption and/or food wastage • costing or workflow analysis • review of foodservice staff roles and responsibilities. <p>Placement constraints may not enable demonstration of all components of this unit, however students must demonstrate an understanding of all components in the process.</p> <p>Examples of how this could be achieved include:</p> <ul style="list-style-type: none"> • simulated menu reviews • case studies • problem-based learning activities • examination • use of non dependent foodservice facilities to complement the practice placement. <p>Contexts include but are not confined to hospitals, residential aged care facilities, meals on wheels services, long day care centres, boarding schools, university colleges, prisons, detention centres, and live-in work sites (e.g. mining camps). Also included are food industries which are the primary suppliers of ready prepared meals for these contexts (i.e. central production units).</p>

Unit 7	Integrates research and evaluation principles into practice
Unit range of variables statement	<ul style="list-style-type: none"> > Knowledge of nutrition research methodology, research principles and evidence based practice must be demonstrated for competency in this unit. > Knowledge of the theory of human nutrition and dietetics to a level which supports safe practice is required.
Unit evidence guide	Evaluation of competency in this Unit may occur concurrently with assessment in Units 2, 3, 4, 5, 6, 8 and 9 as evidence based practice is critical to all dietetic practice.
Elements	<p>7.1 Adopts a questioning and critical approach in all aspects of practice.</p> <p>7.2 Evaluates practice on an ongoing basis.</p> <p>7.3 Applies the research process, using appropriate research methods, ethical processes and procedures and statistical analyses.</p> <p>7.4 Applies evaluation findings to practice.</p>
Elements range of variables statement	<ul style="list-style-type: none"> > Practice includes all work contexts, including, but not limited to, education institution, research facility, acute care, extended care, community, private practice, food industry, government department, public health setting. > A system of evaluation, documentation and review is established in practice. > Research methods include both qualitative and quantitative, use of statistical packages, data management programs and critical analysis of literature. > Research activities may be related to quality and/or clinical governance activities and/or a research project. > Evaluation findings could include, but are not limited to: internal quality documents, published case studies, insight or research papers and evidence based guidelines.
Elements evidence guide	<p>Examples of evidence could include:</p> <ul style="list-style-type: none"> • a critique of the literature relevant to practice, such as evidence based guidelines • research databases and evidence based reviews • research project report or thesis • drafting of reports for publication; abstracts or papers • evaluation of data collected and analysed using a range of programs • presentations of oral or poster at state or national conference level • leading workshops and discussion groups • adopting recommendations from project reports, governance documents, practice guidelines. <p>Contexts can include university and practice based settings but it is recognised not all students would apply research findings in practice.</p>

Unit 8	Applies management principles in the provision of nutrition services, programs and products
Unit range of variables statement	<ul style="list-style-type: none"> > Knowledge of the theories of organisation, management and quality management must be demonstrated for competency in this unit. > Nutrition services include professional practice contexts and organisation of work. > Programs include any specific services delivered in the conduct of these nutrition services. > Products include any resources, business cases, reports prepared as part of nutrition services.
Unit evidence guide	Evidence of competency in this unit may be evaluated with Units 3, 4, 5, 6 and 7.
Elements	<p>8.1 Applies organisational skills in the practice of nutrition and dietetics.</p> <p>8.2 Applies management principles in the practice of nutrition and dietetics.</p> <p>8.3 Applies quality management principles to all aspects of professional practice.</p>
Elements range of variables statement	<ul style="list-style-type: none"> > Organisational skills need to be applied to individual work practice, utilising management principles as an employee rather than a manager. > Management principles relate to those applied to individual workload management and small teams and skills and knowledge of team dynamics. > Quality management includes quality control, quality assurance and quality improvement. Principles include having a customer focus, leadership and systems approach. Quality management applications may include hospital accreditation processes, food service systems and activities such as audits (for example nutrition screening).
Elements evidence guide	<p>Examples of evidence could include:</p> <ul style="list-style-type: none"> • development of business and marketing plans • evidence of workload management • peer assessment/reflection on team dynamics • performance reporting to a manager • action minutes from meetings. <p>Contexts include all areas of supervised practice, such as: public and private hospitals, clinics, community health care centres, private practice, health care agencies, nursing homes and hostels, tertiary teaching institutions and private industry.</p>

Unit 9	
Demonstrates a professional, ethical and entrepreneurial approach advocating for excellence in nutrition and dietetics	
Unit range of variables statement	<ul style="list-style-type: none"> > Professional approach requires a knowledge of and behaviour consistent with professional and organisational codes of conduct. > An ethical approach requires a knowledge of and behaviour consistent with professional and organisational codes of ethics. > An entrepreneurial approach includes using innovation and leadership in dietetics at the local level to advance healthy communities via food and nutrition services.
Unit evidence guide	This unit may be evaluated with all other units as a professional and ethical approach needs to be applied in all practice contexts.
Elements	<p>9.1 Demonstrates safe practice.</p> <p>9.2 Develops and maintains a credible professional role by commitment to excellence of practice.</p> <p>9.3 Demonstrates professional leadership to promote the contribution of nutrition and dietetics to health and prevention of disease.</p> <p>9.4 Creates solutions which match and solve problems.</p> <p>9.5 Advocates on behalf of individuals, groups and the profession to positively influence the wider political, social and commercial environment, about factors which affect eating behaviour and nutritional standards.</p> <p>9.6 Demonstrates cultural competency.</p> <p>9.7 Develops sustainable collaborative relationships and networks.</p>
Elements range of variables statement	<ul style="list-style-type: none"> > Safe practice requires a commitment to continuous professional development and recognition of personal limits. It is consistent, ethical and independent, complies with guidelines and is supported by evidence. > A professional is a member of a disciplined group of individuals who are accepted by the public as possessing specialised knowledge and skills derived from an organised body of learning and training at a high level and who are prepared to exercise this knowledge and skills in the interests of others. > A "credible professional role" includes knowledge of professional policies, guidelines, position statements and scope and limits of practice. > Professional leadership and advocacy includes profiling nutrition and dietetics at a local level while being aware of the wider political and health care policy environment. > Advocacy encompasses direct nutrition services to the individual as well as activities that promote health and access to nutrition care in communities and the larger public. It also includes supporting and promoting the rights of the patient in the health care arena, helping build capacity to improve community health and enhancing health policy initiatives focused on food and nutrition. > Cultural competence refers to the ability to value cultural diversity and to integrate culture into the delivery of nutrition and dietetic services to provide the best possible care. > Sustainable collaborative relationships includes an understanding of team dynamics, maintaining existing relationships and acknowledgement of team roles while enabling open and transparent communication.
Elements evidence guide	<p>Examples of evidence may include:</p> <ul style="list-style-type: none"> • documentation in student journal logs • reflective practice journal logs • advocating for clients/groups to improve nutrition (e.g. in a clinical / community/ foodservice placement or team situation). <p>Behaviour demonstrated to be consistent with organisational codes of conduct and ethics while on placement.</p>