



COLLEGE of SOCIAL AND APPLIED HUMAN SCIENCES

DEPARTMENT OF FAMILY RELATIONS
AND APPLIED NUTRITION

FRAN*6610: Advances in Clinical Nutrition/Assessment COURSE OUTLINE – FALL 2018

- 1. CALENDAR DESCRIPTION** An advanced overview of nutritional assessment and clinical nutrition with emphasis on issues relevant to community based and non-acute care settings. Nutrition assessment methods will be discussed in depth along with emerging issues. Emphasis on clinical nutrition will be integration of theory and practice. |

Credit Weight: | 0.5 | credits
Course Hours: | 3-0 | (36 | lecture; 0 | lab/seminar)
Pre-Requisite(s): | |
Co-Requisites(s): | |
Restriction(s): | AHN graduate students |

2. COURSE DESCRIPTION

| This is an interactive, skills- and process-based course focused on integrating nutritional assessment and clinical nutrition as part of the nutrition care process and refining advanced critical thinking and oral and written communication skills via student-driven case studies and discussion. |

3. TIMETABLE

Lecture: | Mondays 8:30-11:20 |
Location: | MAC 331 |
Final Exam: | no final exam |

4. INSTRUCTIONAL SUPPORT

Course Instructor: | Paula Brauer, PhD, RD, FDC |
Email: | pbrauer@uoguelph.ca |
Telephone: | 519-824-4120 ext. | 54831 |
Office: | MINS 235 |
Office Hours: | **by appointment** |

5. LEARNING RESOURCES

From FRAN*6710 course and from last year FRAN*6610

1. Practice-based Evidence in Nutrition (U of G library). The PEN database is accessed through the university's library website. You'll need your standard login info.

Cut and paste the following url into your browser: http://primo.tug-libraries.on.ca/subzero.lib.uoguelph.ca/primo_library/libweb/action/search.do?vid=GUELPH&reset_config=true .

Enter "practice-based evidence in nutrition" in the Primo search field.

Under "PEN practice-based evidence in nutrition," click on the blue "Online resources."
2. Academy of Nutrition and Dietetics. Nutrition Care Manual (U of G library)

Enter "ADA nutrition care manual" in the Primo search field.

Click on the blue "Online resources."

Note: If you are accessing this resource from off campus, you will need to enter the username (lday@uoguelph.ca) and password (uoguelph) on the Nutrition Care Manual website.
3. Dietitians of Canada. Nutrition Care Process Toronto: Dietitians of Canada 2017 [Sept 3, 2018]. Available from: <https://www.dietitians.ca/Dietitians-Views/Health-Care-System/NCP-and-IDNT.aspx>.
4. Bauer KD, Liou D, Sokolik CA. Nutrition counseling and education skill development: Nelson Education; 2015.
5. Emery EZ. Clinical case studies for the nutrition care process: Jones & Bartlett Publishers; 2011.
6. Escott-Stump S. Nutrition and Diagnosis-Related Care: Lippincott-Williams and Wilkins; 2015.
7. Nelms M, Sucher K. Nutrition therapy and pathophysiology: Nelson Education; 2015.
8. Snetselaar LG. Nutrition counseling skills for the nutrition care process: Jones and Bartlett Publishers Burlington; 2009.
9. Pronsky ZM. Food Medication Interactions 18th or 19th Edition.
10. Clinical Nutrition Professional Resource Handbook - Sunnybrook Health Sciences (<https://sunnybrook.ca/content/?page=clinical-nutrition-resource-handbook>)
11. Laboratory Assessment of Nutritional Status: Bridging Theory and Practice. Author: Mary Litchford. 2011. Available on Google books and Amazon.
12. Diabetes Canada- 2018 Clinical Practice Guidelines: <http://guidelines.diabetes.ca>
13. Quick Medical Terminology: A Self-Teaching Guide. Steiner SS. Wiley, 2011 and
14. Online medical dictionary: <http://www.nlm.nih.gov/medlineplus/mplusdictionary.html>.
15. Diet and Nutrition in Critical Care. R. Rajendram, V.R. Preedy & V.B. Patel. Available via the U of G Library
16. Nutritional Management of Cancer Treatment Effects. N.B. Kumar. Available via the U of G Library
17. Handbook of Nutrition and Pregnancy. C. J. Lammi-Keefe, S. C. Couch & E. H. Philipson. Available via the U of G Library
18. Handbook of Clinical Nutrition and Aging. C. W. Bales, J. L. Locher & E. Saltzman. Available via the U of G Library
19. Nutrition in Kidney Disease. L. D. Byham-Gray, J. D. Burrowes & G.M. Chertow. Available via the U of G Library

20. Online Hamilton Health Sciences' Patient Education Library
<http://www.hamiltonhealthsciences.ca/body.cfm?xyzpdqabc=0&id=1238&action=tree>

Readings by Date (will be linked to CourseLink)

Other Resources May be Added Through the Semester

Sept 10th

1. Royall D, Brauer P, Bjorklund L, et al. Development of a Dietary Management Care Map for Metabolic Syndrome. Canadian journal of dietetic practice and research. 2014;75(3):132-9. Epub 2015/06/13. doi: 10.3148/cjdpr-2014-005. PubMed PMID: 26066817.
2. Jeejeebhoy K, Dhaliwal R, Heyland DK, et al. Family physician-led, team-based, lifestyle intervention in patients with metabolic syndrome: results of a multicentre feasibility project. CMAJ Open. 2017;5(1):E229-e36. Epub 2017/04/13. doi: 10.9778/cmajo.20160101. PubMed PMID: 28401139; PubMed Central PMCID: PMC5378505.

Sept 17th

1. Cederholm T, Barazzoni R, Austin P, et al. ESPEN guidelines on definitions and terminology of clinical nutrition. Clinical Nutrition. 2017;36(1):49-64. doi: 10.1016/j.clnu.2016.09.004.
2. Gingras J, Asada Y, Brady J, et al. Critical dietetics: Challenging the profession from within. In: Koç M, Sumner J, Winson A, editors. Critical Perspectives in Food Studies. Don Mills, ON: Oxford University Press; 2017. p. 95-107. (copy under Content for Sept 17th)
3. Stok FM, Hoffmann S, Volkert D, et al. The DONE framework: Creation, evaluation, and updating of an interdisciplinary, dynamic framework 2.0 of determinants of nutrition and eating. PLoS One. 2017;12(2):e0171077. Epub 2017/02/06. doi: 10.1371/journal.pone.0171077. PubMed PMID: 28152005; PubMed Central PMCID: PMC5289713.
4. Haberman C, Brauer P, Dwyer JJ, et al. Self-reported health behaviour change in adults: analysis of the Canadian Community Health Survey 4.1. Chronic diseases and injuries in Canada. 2014;34(4):248-55. Epub 2014/11/20. PubMed PMID: 25408184.
5. Yi S, Kanetkar V, Brauer P. Assessment of heterogeneity in types of vegetables served by main household food preparers and food decision influencers. Public Health Nutr. 2015;18(15):2750-8. Epub 2015/04/09. doi: 10.1017/s1368980015001019. PubMed PMID: 25850676.
6. Mian SI, Brauer PM. Dietary education tools for South Asians with diabetes. Canadian journal of dietetic practice and research. 2009;70(1):28-35. Epub 2009/03/06. doi: 10.3148/70.1.2009.28. PubMed PMID: 19261204.

October 1

1. Al Khalifah R, Florez ID, Guyatt G, et al. Network meta-analysis: users' guide for pediatricians. BMC pediatrics. 2018;18(1):180. Epub 2018/05/31. doi: 10.1186/s12887-018-1132-9. PubMed PMID: 29843665; PubMed Central PMCID: PMC5975630.
2. Israel H, Richter RR. A guide to understanding meta-analysis. The Journal of orthopaedic and sports physical therapy. 2011;41(7):496-504. Epub 2011/07/05. doi: 10.2519/jospt.2011.3333. PubMed PMID: 21725192.
3. Murad MH, Montori VM, Ioannidis JP, et al. How to read a systematic review and meta-analysis and apply the results to patient care: users' guides to the medical literature. Jama. 2014;312(2):171-9. Epub 2014/07/10. doi: 10.1001/jama.2014.5559. PubMed PMID: 25005654.

4. Health Canada. Evidence Review for Dietary Guidance, 2015 In: Canada H, editor. Ottawa: Government of Canada June 2016.
5. Szabo L. The Man Who Sold America On Vitamin D — And Profited In The Process. Kaiser Health News [Internet]. August 20, 2018. Available from: <https://khn.org/morning-breakout/doc-who-warned-of-vitamin-d-deficiency-pandemic-had-financial-ties-to-drugmakers-labs-tanning-industry/?MessageRunDetailID=32489233&PostID=2194279>.

Oct 15th

1. Blumberg JB, Frei BB, Fulgoni VL, et al. Impact of Frequency of Multi-Vitamin/Multi-Mineral Supplement Intake on Nutritional Adequacy and Nutrient Deficiencies in U.S. Adults. *Nutrients*. 2017;9(8). Epub 2017/08/10. doi: 10.3390/nu9080849. PubMed PMID: 28792457; PubMed Central PMCID: PMC5579642.
2. Geller AI, Shehab N, Weidle NJ, et al. Emergency Department Visits for Adverse Events Related to Dietary Supplements. *N Engl J Med*. 2015;373(16):1531-40. Epub 2015/10/16. doi: 10.1056/NEJMsa1504267. PubMed PMID: 26465986.
3. England CY, Andrews RC, Jago R, et al. A systematic review of brief dietary questionnaires suitable for clinical use in the prevention and management of obesity, cardiovascular disease and type 2 diabetes. *Eur J Clin Nutr*. 2015;69(9):977-1003. Epub 2015/02/26. doi: 10.1038/ejcn.2015.6. PubMed PMID: 25711954.
4. Heymsfield SB, Peterson CM, Bourgeois B, et al. Human energy expenditure: advances in organ-tissue prediction models. *Obes Rev*. 2018;19(9):1177-88. Epub 2018/07/24. doi: 10.1111/obr.12718. PubMed PMID: 30035381; PubMed Central PMCID: PMC6107421.
5. Moubarac J-C, Batal M, Louzada ML, et al. Consumption of ultra-processed foods predicts diet quality in Canada. *Appetite*. 2017;108:512-20. doi: <https://doi.org/10.1016/j.appet.2016.11.006>.

Oct 22 and Oct 29

1. Bell L, Chan L, Sherwood WG, et al. Use and design of low protein diets for children with inborn metabolic disorders. *Journal of the Canadian Dietetic Association*. 1982;43(4):342-5, 51-2, 57. Epub 1982/09/08. PubMed PMID: 10257930.
2. Chan L, Bell L, Hanley WB. Revision of the Ontario phenylalanine equivalency system and development of a low protein equivalency system. *Journal of the Canadian Dietetic Association*. 1982;43(4):326-41. Epub 1982/09/08. PubMed PMID: 10257929.
3. Wheeler ML, Franz M, Barrier P, et al. Macronutrient and energy database for the 1995 Exchange Lists for Meal Planning: a rationale for clinical practice decisions. *J Am Diet Assoc*. 1996;96(11):1167-71. Epub 1996/11/01. doi: 10.1016/s0002-8223(96)00299-4. PubMed PMID: 8906142.

Nov 5

1. Michie S, Richardson M, Johnston M, et al. The behavior change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behavior change interventions. *Ann Behav Med*. 2013;46(1):81-95. Epub 2013/03/21. doi: 10.1007/s12160-013-9486-6. PubMed PMID: 23512568.
2. Samdal GB, Eide GE, Barth T, et al. Effective behaviour change techniques for physical activity and healthy eating in overweight and obese adults; systematic review and meta-regression analyses. *Int J Behav Nutr Phys Act*. 2017;14(1):42. Epub 2017/03/30. doi: 10.1186/s12966-017-0494-y. PubMed PMID: 28351367; PubMed Central PMCID: PMC5370453.

Nov 26

1. Witt J, Brauer P, Dietrich L, et al. Estimation of human resource needs and cost of adding registered dietitians to primary care networks. *Canadian journal of dietetic practice and research*. 2006; **67**: Suppl:S30-8. Epub 2006/10/06. PubMed PMID: 17020641.
2. Brauer P, Royall D, Kaethler A, et al. Development of a patient experience questionnaire to improve lifestyle services in primary care. *Primary health care research & development*. 2018:1-11. Epub 2018/01/16. doi: 10.1017/s1463423617000937. PubMed PMID: 29334045.
3. Klein J, Brauer P, Royall D, et al. Patient experiences of a lifestyle program for metabolic syndrome offered in family medicine clinics: a mixed methods study. *BMC Fam Pract*. 2018;19(1):148. Epub 2018/09/02. doi: 10.1186/s12875-018-0837-z. PubMed PMID: 30170544.
4. MacDonald Werstuck M, Buccino J. Dietetic Staffing and Workforce Capacity Planning in Primary Health Care. *Canadian journal of dietetic practice and research*. 2018:1-5. Epub 2018/07/18. doi: 10.3148/cjdpr-2018-018. PubMed PMID: 30014721.
5. Special Diets Expert Review Committee. Final Report. In: Services MoCaS, editor. Toronto: Ontario Ministry of Community and Social Services; 2008. p. 79.

Recommended Resource(s):

- Did you know there is writing assistance available to you (for free!) at the University library? Click here for more info: <http://www.lib.uoguelph.ca/get-assistance/writing>
- The University of Guelph library uses and recommends End Note or Mendelay to manage your references.

6. LEARNING OUTCOMES

By the end of this course, successful students will demonstrate advanced critical thinking, research, and communication skills in clinical nutrition and nutritional assessment by:

1. Researching and creating a comprehensive resource on a specific clinical condition for their peers.
2. Providing advice and peer review of their classmates work and resources.
3. Review content of lecture material and readings for new insights and evidence to support clinical nutrition practice.
4. Contribute to development of an advanced resource for clinical counsellors by critiquing lecture materials and research presented in the course and identifying gaps and overlaps with other materials being reviewed.

Performance Indicators: From the Integrated Competencies for Dietetic Education and Practice (2013; <http://www.pdep.ca/>): See Appendix 1

7. TEACHING AND LEARNING ACTIVITIES

	Date	Time	Topic	Student work
1.	Sept 10	8:30-11	Planning for Practice – Developing your routines/scripts/care maps Example scenarios Course assignment review; giving feedback exercise	Choose topic in class – sign up for groups Each student prepares 4 draft scenarios for their condition
2.	Sept 17	8:30-10 10-11:20	Determining case scenarios for assignment - group discussion 1. Context for practice terminology; frameworks – DONE, health system, NCP Patient contexts/ characteristics at baseline; key barriers and facilitators	Review draft scenarios with advisory committees Hand in comments on lecture material by Friday Sept 21
3.	Sept 24	9:30-11:20	Class presentation	Present scenarios to class – 5 min each - hand in scenarios for marking – Friday Sept 28th
4.	Oct 1	8:30-10 10-11:20	Group meeting time 2. Assessing evidence; Comparative effectiveness methods; guidelines; review of PEN concepts	Hand in comments on lecture material by Friday Oct 5th
Thanksgiving				
5.	Oct 15	8:30-10 10-11:20	Group meeting time 3. Any new methods in nutrition assessment? Diet assessment in individuals Energy expenditure Diet supplements	Hand in comments on lecture material by Friday Oct 19th
6.	Oct 22	8:30-10 10-11:20	Group meeting time 4. Diet manipulation in different contexts – unusual diets, UL, minimums, keto diet, PKU	Hand in comments on lecture material by Friday Oct 26
7.	Oct 29	8:30-10 10-11:20	Group meeting time 5. Diet manipulation in different contexts In class work to design controlled aa diet	Hand in comments on lecture material by Friday Nov 2
8.	Nov 5	8:30-11:20	6 and 7. 3 hour clinical lecture Food focus Behavioural counselling approaches Skill building approaches Individual vs group approaches Improving cultural knowledge in counselling	Hand in comments on lecture material by Friday Nov 9th
9.	Nov 12	8:30-11:20	Presentations of decision and process guides and resources	Students present draft version - 10 x 15 min Peer review handed in Monday Nov 19th
10.	Nov 19	8:30-11:20	Presentations of care of decision and process guides and resources	Students present draft version 9 x 15 min Peer review handed in Monday Nov 26th

	Date	Time	Topic	Student work
11.	Nov 26	8:30-10 10-11:20	Group meeting time 8. Miscellaneous topics- Costing analysis, human resources. Quality assurance in clinical dietetics; Patient experience; Regulation; Clinical nutrition as inter-disciplinary field.	Complete resource and hand in Monday Dec 3rd Review of peer advisory committee help and advice due Monday Dec 3 Hand in comments on lecture material by Friday Nov 30
12.	Nov 30		No class	MAN students in placement

Note: This is a tentative schedule; however, due to various unknown factors there may be changes. Any changes will be announced during class and an announcement will be posted on the CourseLink site.

8. ASSESSMENT DETAILS

Step	Due Date	Grade
Presentation on typical scenarios	Sept 24	5%
Hand in scenarios for review	Sept 28th, evening	10%
Student review on lecture material	Weekly – 8 sessions	12% see schedule
Oral presentation on care maps and toolkits	In class -Nov 12 and Nov 19th	15%
Class review of oral presentation and toolkit content	Nov 19 th and 26 th	20%
Written tool kit –	Due Monday Dec 3rd	30%
Peer review of advisory input	Due Monday Dec 3rd	8%
		100%

Resource Development Assignment This assignment is designed to have you familiarize yourself with key resources needed for practice for common clinical topics in primary care settings and to benefit from the work of others in the program. The key steps in the assignment are below.

1. Establish advisory committee – 2 people.
2. Develop 4 typical case scenarios for the condition – diverse in terms of the diet counselling they would need
3. Review process of care for each client. Determine key resources to complete the nutrition care process for that type of client. Provide a reference or link to each calculator or tool used. Review widely and seek out the best tools and resources. Consult with advisory group often.
4. Create a care map or diagram or process description for dietary management using the nutrition care process elements to organize the information. Put in main features that are needed for this type of client.
5. Produce a summary formal document that includes the sections as outlined in the detailed assignment guidelines – will include an overview of the nutrition care of the clinical condition, the 4 main scenarios,

and main features of the dietetic care that need to be considered for these types of patients. The core audience are fellow students/entry level practitioners.

6. Include preferred patient teaching resources you would likely use with these types of clients – e.g. can be taken from any source, as long as one would expect the resource to be available to fellow RDs – e.g. PEN, network resources etc. are ok, as well as publicly available credible resources.
7. Reference all sources

Review of Lecture Content Most weeks will include a lecture/discussion of an advanced practice topic. Each topic discussion will be new material created for this course and as the basis for a planned counselling resource to be developed. The intended audience are RDs near the beginning of their careers who are intending to or already practice in team-based primary care in Canada. The focus will be the research -basis for practice as well as practical tools for advancing practice. As such, student input to content development is critical to the ensuring content is relevant and up to date.

	Topic	Comments
1.	Obesity – management in adults – weight loss focus	
2.	Obesity – bariatric care	
3.	HAES and weight gain prevention	
4.	Cardiac – at risk Dyslipidemia and HT	
5.	Pre-diabetes/Metabolic syndrome	
6.	Heart disease; cancer	Dealing with people with treated clinical disease;
7.	Irritable bowel syndrome	FODMAP
8.	Osteoporosis – role of nutrition	
9.	Infants – feeding general for inexperienced	
10.	Young children – assessing failure to thrive	
11.	Older adults – failure to thrive assessment and treatment	
12.	Obesity –management in childhood	
13.	Children-strategies for weight gain – e.g. in Crohns, ADHD, weight loss due to drugs, early satiety	
14.	Celiac disease	
15.	Adults – strategies for weight gain – HIV, cancer treatment, differences among young and older adults	
16.	GERD over the lifespan	
17.	Anemia - in pregnancy, vegan, poverty, unusual or restricted eating habits, fixed beliefs	
18.	Mild to moderate eating disorders – strategies for care	
19.	Allergy – assessment and treatment of food allergy	
20.	Chronic kidney disease pre-dialysis	
21.	Teledietetics -adjustments for counselling remotely – what works?	
22.	Your choice	

9. COURSE STATEMENTS

Course Website:

There is a course website at <http://courselink.uoguelph.ca>. All components of this course will be housed on the CourseLink site including this course outline, assignments, and links to further resources. Your assignments will be submitted through the Dropbox function. Marks and feedback will also be released on the site. Please familiarize yourself with this website as soon as possible and visit it regularly throughout the semester.

Late Assignments:

Late assignments will be accepted up to 5 days following the due date and will receive a penalty of 10% per day EXCEPT under documented grounds for compassionate consideration. Assignments submitted more than one week late without documented grounds will receive a grade of zero. **Contact me as soon as you can about any issues/conflicts with any due dates.**

Receipt of Grades:

After you receive a grade on CourseLink, please review your feedback. Any inquiry or dispute over the grade must be made within two weeks from the date they are posted. If you fail to protest any grade during this time limit, changes to the grade will not be considered.

Turnitin Software:

In this course, your instructor will be using Turnitin, integrated with the CourseLink Dropbox tool, to detect possible plagiarism, unauthorized collaboration or copying as part of the ongoing efforts to maintain academic integrity at the University of Guelph.

All submitted assignments will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Usage Policy posted on the Turnitin.com site.

A major benefit of using Turnitin is that students will be able to educate and empower themselves in preventing academic misconduct. In this course, you may screen your own assignments through Turnitin as many times as you wish before the due date. You will be able to see and print reports that show you exactly where you have properly and improperly referenced the outside sources and materials in your assignment.

10. UNIVERSITY STATEMENTS

E-mail Communication:

As per university regulations, all students are required to check their <uoguelph.ca> e-mail account regularly: e-mail is the official route of communication between the University and its students.

When You Cannot meet a course requirement:

When you find yourself unable to meet in-course requirements due to illness or compassionate reasons, please advise the course instructor.

Copies of out-of-class assignments:

Keep paper and/or other reliable back-up copies of all out-of-class assignments: you may be asked to resubmit work at any time.

Accessibility:

The University promotes the full participation of students who experience disabilities in their academic programs. To that end, the provision of academic accommodation is a shared responsibility between the University and the student.

When accommodations are needed, the student is required to first register with Student Accessibility Services (SAS). Documentation to substantiate the existence of a disability is required, however, interim accommodations may be possible while that process is underway.

Accommodations are available for both permanent and temporary disabilities. It should be noted that common illnesses such as a cold or the flu do not constitute a disability.

Use of the SAS Exam Centre requires students to book their exams at least 7 days in advance, and not later than the 40th Class Day.

More information: www.uoguelph.ca/sas

Academic misconduct:

The University of Guelph is committed to upholding the highest standards of academic integrity and it is the responsibility of all members of the University community – faculty, staff, and students – to be aware of what constitutes academic misconduct and to do as much as possible to prevent academic offences from occurring. University of Guelph students have the responsibility of abiding by the University's policy on academic misconduct regardless of their location of study; faculty, staff and students have the responsibility of supporting an environment that discourages misconduct. Students need to remain aware that instructors have access to and the right to use electronic and other means of detection.

Please note: Whether or not a student intended to commit academic misconduct is not relevant for a finding of guilt. Hurried or careless submission of assignments does not excuse students from responsibility for verifying the academic integrity of their work before submitting it. Students who are in any doubt as to whether an action on their part could be construed as an academic offence should consult with a faculty member or faculty advisor.

Recording of materials:

Presentations which are made in relation to course work—including lectures—can be recorded with permission of the instructor. Material recorded with permission is restricted to use for that course unless further permission is granted.

Resources:

The [Academic Calendars](#) are the source of information about the University of Guelph's procedures, policies and regulations.

APPENDIX 1 – Dietetic Practice Competencies and Performance Indicators Incorporated Into FRAN*6610

(Per Partnership for Dietetic Education and Practice, 2013. www.pdep.ca)

F18 FRAN*6610

	1. Professional Practice	
1.06.1	Obtain and interpret evidence	Students will develop a counselling resource for a specific condition, including 4 typical client scenarios to guide selection of evidence and resources
1.06.3	Make and justify decisions in consideration of ethics, evidence, contextual factors and client perspectives.	
1.07.2	Determine client perspectives and needs.	
1.07.3	Integrate client perspectives and needs into practice activities.	
1.07.4	Identify services and resources relevant to client needs.	
1.08.1	Prioritize professional activities and meet deadlines.	Integral to whole course
1.09.1	Use technology to communicate.	
1.09.2	Use technology to seek and manage information	
1.11.1	Assess effectiveness of practice.	Will assess effectiveness of practice through review of recent research on one condition – metabolic syndrome (lecture format) - and discussion of expected effectiveness in different conditions
1.11.2	Seek new knowledge that may support or enhance practice.	Series of advanced practice lectures and readings on new approaches in dietetic practice
	2. Communication and Collaboration	
2.01.2	Use appropriate communication technique(s).	Act as advisors on 2 toolkits. Provide feedback to peers and instructor.
2.01.3	Demonstrate knowledge of practice-setting-related terminology.	
2.01.4	Use appropriate terminology.	
2.02.1	Edit written material for style, spelling and grammar.	Development and writing of a toolkit for practice
2.02.2	Write clearly and concisely, in a manner responsive to the needs of the reader(s).	
2.02.3	Write in an organized and logical fashion.	
2.02.4	Provide accurate and relevant information in written material.	
2.02.5	Ensure that written material facilitates communication.	
2.03.1	Speak clearly and concisely, in a manner responsive to the needs of the listener(s).	Do 2 different oral presentations and orally comment on the work of others
2.03.2	Use appropriate tone of voice and body language.	
2.03.3	Recognize and respond appropriately to non-verbal communication.	
2.04.1	Utilize active listening	

2.04.2	Communicate in a respectful manner.	
2.05.1	Recognize opportunities to contribute to the learning of others.	
2.05.3	Select and implement appropriate educational strategies.	Will develops toolkit for peers in practice. Will involve individual and group process to develop, review and refine. Students will have access to the resources throughout MAN program.
2.05.4	Select learning resources.	
2.05.5	Develop learning resources.	
2.05.7	Deliver group educational sessions.	
2.06.1	Facilitate interactions and discussions among team members.	
2.06.3	Contribute to shared decision making.	
2.06.4	Facilitate interactions and discussions among team members.	
	3. Nutrition Care	
3.01.1	Use appropriate nutrition risk screening strategies.	Students will be working through the care process for 4 client scenarios for a health condition and advising other students on their projects.
3.01.2	Identify relevant assessment data to collect.	
3.01.3	Obtain perspective of client, family or relevant others.	
3.01.4	Obtain and interpret medical history.	
3.01.5	Obtain and interpret demographic, psycho-social and health behaviour history.	
3.01.6	Obtain and interpret food and nutrient intake data.	
3.01.7	Identify client learning needs related to food and nutrition.	
3.01.8	Obtain and interpret anthropometric data.	
3.01.9	Obtain and interpret biochemical data and results from medical tests and procedures.	
3.01.13	Determine client nutritional requirements.	
3.01.14	Integrate assessment findings to Identify nutrition problem(s).	
3.02.1	Prioritize nutrition care goals based upon risk and available resources.	
3.02.2	Select appropriate nutrition interventions.	
3.02.3	Select appropriate textural and therapeutic diet modifications.	
3.02.4	Develop or modify meal plans.	
3.02.5	Determine supplementation needs.	
3.02.8	Develop client support plan.	
3.02.9	Develop client education plan.	
3.02.10	Select strategies to monitor and assess nutrition care plan outcomes.	
3.03.2	Identify strategies to communicate nutrition care plan with client, interprofessional team and relevant others.	
3.04.2	Identify factors impacting the achievement of outcomes.	
	5. Management	
5.02.1	Identify appropriate goals and objectives for a program or project.	This project involves multiple steps and interactions with

5.02.2	Identify strategies to meet goals and objectives for a program or project.	others to develop the resource, so each student must be well organized to complete it.
5.02.3	Develop an action plan for a program or project.	
5.02.8	Provide training or education to staff or volunteers.	
5.02.10	Contribute to staff or volunteer development or performance management activities.	