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Abstract Title

Creating a community of practice around diet in primary care: Learnings from The CHANGE Program
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Presenter: Rupinder Dhaliwal

Rupinder Dhaliwal, RD, FDC As Director of Operations of Metabolic Syndrome Canada, Rupinder is currently leading the expansion of a team-based diet and exercise intervention, the CHANGE program, in primary care clinics across Canada. Her accomplishments include playing a key role in the development of Clinical Practice Guidelines for Critical Care nutrition, implementation of several multicenter nutrition studies, authorship of scientific publications, presenting at many national and international conferences and being an evidence analyst for PEN. In 2016, she was awarded Fellow of Dietitians of Canada and she joined the Board of Directors of the Canadian Nutrition Society in 2017.

Abstract:

Purpose: To report on the development of a community of practice (CoP) for registered dietitians (RDs) providing personalized diet intervention to patients with Metabolic syndrome (MetS).

Process or Summary of Content: The CHANGE Program is a team-based program aimed at reducing cardiometabolic risk through individualized diet and exercise sessions over 12 months. Each patient is assessed, followed weekly for 12 weeks and then monthly for 9 months by a RD and an Exercise Specialist while the Family MD reviews progress every 3 months. The need to address common challenges and learnings through a CoP for RDs was identified.

Systematic approach used: Since March 2017, nine RDs from twelve Family Health Teams (FHTs) have joined the CHANGE Program. Preliminary evaluation of 262 patients shows that at 3 months, 31% patients have improvements in MetS components, 17% have reversal of MetS and the average increase in Mediterranean Diet Score is 2.7 points. The experiences at each FHT have been variable, given their need to adapt the program delivery to their local settings, hence a CoP was created by Metabolic Syndrome Canada for RDs. Learnings from this group include more effective ways to run group classes, maintain patient engagement, and to ease the burden of ongoing program evaluation for MetS outcomes. Multiple resources, including short instructional videos, have been developed in a toolkit format to support individual RD practice style and differing teams.

Conclusions: Creating a CoP of CHANGE RDs has been effective in adapting an intensive 12-month diet intervention program for differing organizations.

Recommendations: Implementation of evidence-based diet interventions into real life settings should be accompanied by creation of CoPs for RDs.

Significance to the field of dietetics: CoPs for RDs are an effective method of peer learning and support in new programs and types of services. Central coordination and some funding are desirable to support effective CoP development.