

House of Delegates Backgrounder January 2020

Professional Issue Discussion: Evidence-Based Practice (EBP)

Why talk about Evidence-Based Practice?

Evidence-based practice (EBP) is a cornerstone of the profession of nutrition and dietetics. The Academy of Nutrition and Dietetics, Commission on Dietetic Registration (CDR), and Accreditation Council for Education in Nutrition and Dietetics (ACEND) all support and encourage evidence-based practice:

- [Academy of Nutrition and Dietetics Strategic Plan](#)
- [ACEND Accreditation Standards for Nutrition and Dietetics Didactic Programs and Dietetics Internship Programs](#)
- [ACEND's Future Education Model Accreditation Standards](#)
- [Code of Ethics for the Nutrition and Dietetics Profession](#)
- [Commission on Dietetic Registration Continuing Professional Education Provider Accreditation Handbook](#)
- [Scope of Practice/Scope of Professional Performance for RDNs and NDTRs](#)

Today's VUCA (Volatile, Uncertain, Complex, and Ambiguous) world creates challenges for RDNs and NDTRs as they work to communicate and implement EBP and its three prongs: best available evidence, professional expertise, and client preferences. Nutrition science, along with most other areas of health science, continues to evolve in an environment of easy consumer access to both credible and non-credible information. While our profession is not alone in facing the issue of incorporating EBP in practice, it is up to us to determine how to respect this vital cornerstone of our profession and maintain our credibility and value at both the individual and professional levels.

Professional Issue Question

What more needs to be done to support and communicate evidence-based practice within the nutrition and dietetics profession?

Objectives

1. Educate the delegates on the current landscape of evidence-based practice; what does it look like now?
2. Identify barriers to implementing evidence-based practice.
3. Determine what additional actions or tools may be needed to promote evidence-based practice.

What is Evidence-Based Practice?

The following definitions are excerpts from the September 2019 [Academy of Nutrition and Dietetics Definition of Terms List](#). Review pages 19-20 for full definitions and key considerations.

- "Evidence-based practice is an approach to health care wherein credentialed nutrition and dietetics practitioners use the best available evidence to make decisions for patients/clients, customers, individuals, groups, or populations. Evidence-based practice values, enhances, and builds on professional expertise*, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision-making based not only on the available evidence but also on patient/client characteristics, situations, and values. It recognizes that health care is

- EBP is a complex topic that presents challenges to credentialed nutrition and dietetics practitioners in today's VUCA (Volatile, Uncertain, Complex and Ambiguous) world. During the January virtual meeting Delegates will engage in a dialogue on what more needs to be done to support and communicate evidence-based practice.
- Recommendations from the meeting will help inform future decisions by the Academy Board of Directors related to advancing EBP.

individualized and ever-changing and involves uncertainties and probabilities. Evidence-based practice incorporates successful strategies that improve patient/client outcomes and are derived from various sources of evidence including research, national guidelines, policies, consensus statements, systematic analysis of clinical experience, quality improvement data, specialized knowledge and skills of experts. Evidence-based practice requires clear communication about the source(s) of evidence and their weight in each decision-making process.”

- “Evidence-based dietetics practice involves the process of asking questions, systematically finding research evidence, and assessing its validity, applicability, and importance to nutrition and dietetics practice decisions. It also involves applying relevant evidence in the context of the practice situation, including professional expertise* and the values and circumstances of patients/clients, customers, individuals, groups, or populations to achieve positive outcomes. Evidence-based dietetics practice clearly states the source of evidence underpinning practice recommendations. This definition was adopted from the International Confederation of Dietetic Associations.”

*Professional Expertise is the RDN’s/RD’s cumulated related-experience, education, and professional skills. It includes both systematic (documented) and anecdotal observations.

What are the Academy, CDR, and ACEND doing to support EBP?

- Research and evidence-based practice are reflected throughout the impact goals in the [Academy’s Strategic Plan](#).
- The [HOD](#) has examined this topic from two angles in the past: Fall 2009 Evidence-based Practice and Spring 2014 Engaging Members in Research.
- The [Evidence Analysis Library \(EAL\)](#) was created in 2004. The Evidence-Analysis Library (EAL) is a user-friendly database dedicated to presenting timely and comprehensive evidence on nutrition care in the form of systematic reviews, Evidence-Based Practice Guidelines (EBNPGs), and hands-on resources for guideline implementation. Review more information on the Academy’s [Methodology for Developing Evidence-based Nutrition Practice Guidelines](#).
- The Research, International and Scientific Affairs (RISA) team advances the profession by supporting and encouraging nutrition and dietetics research and providing innovative resources that empower credentialed nutrition and dietetics practitioners to implement evidence-based practice.
- The Council on Research guides research priorities and research activities, ensures alignment of research efforts and viability and relevance of Academy research projects, and monitors the consequences of current and future research-related methodologies and recommendations. The Evidence-based Practice Criteria Taskforce was one recent initiative.
- The Council on Future Practice identified several change drivers related to research and EBP. The associated trends from the change driver Accountability and Outcomes Documentation Become the Norm in the [Visioning Report 2017: A Preferred Path Forward for the Nutrition and Dietetics Profession](#) included:
 - Health care evolutions necessitate increased research and quality improvement activities.
 - The application of informatics facilitates and optimizes the retrieval, organization, storage, and use of data and information for decision-making.
 - Practicing RDNs do not regularly evaluate and conduct research or access evidence-based resources for guidance in clinical practice.

- The Dietitians in Integrative and Functional Medicine (DIFM) Dietetic Practice Group (DPG) has a [Best Available Evidence Decision Tool](#) that helps guide RDNs to evaluate the available scientific research and evidence that applies to make clinical decisions about nutrition care.
- Other DPGs such as Weight Management and Research have been educating members through articles and continuing education on shared decision-making, bias, and other topics related to evidence-based practice.
- The Center for Lifelong Learning uses a myriad of science and evidenced based resources such as the definition of terms, the EAL, peer reviewed publications and critical expert assessment - for all continuing education activities and programs and ask that presenters address strength of evidence, possible gaps and if there is application to practice at this point in the research cycle.
- The CDR Competency Assurance Panel has implemented and is in the process of expanding a “Secret shopper” program for self-study continuing professional education programs that are offered by CDR accredited providers or prior approved by CDR. This program has contributed to CDR’s ability to monitor provider compliance with CDR’s continuing professional education self-study approval criteria and to identify where standards require revision.
- CDR has implemented a [Critical Thinking Tool](#). The self-study criteria now include a requirement for a separate critical thinking tool for all self-study products. The critical thinking tool recommends that practitioners record how they will apply what they learned to improve their knowledge, skills, behavior, and attitudes.
 - Providers must include CDR’s Critical Thinking Tool as a required component of all prior approved self-study products offered by CDR Accredited Providers effective for programs approved or re-approved on or after January 1, 2020.
 - Practitioners will be required to include the Critical Thinking Tool in their audit materials for recertification cycles that start on or after June 2, 2020.
- *Food & Nutrition Magazine*[®] has developed a voluntary [Pledge of Professional Civility](#), guiding principles and related resources to help foster camaraderie among our professional community and encourage constructive engagement among peers. These concepts should be applied to the evidence-based practice discussion to promote respect and professionalism even when there may be differing opinions on a topic.

Key Concepts in EBP

EBP Concepts

- There are three prongs to EBP: research evidence, professional expertise, and client preferences.
- EBP can still be achieved in new or emerging fields/areas of practice in all steps of the Nutrition Care Process.
- The communication regarding the quality of evidence is a critical part of using EBP.

Critical Thinking

- Skills and Dispositions- Review Figure 2 in the article [Assessing Clinical Judgment and Critical Thinking Skills in a Group of Experienced Integrative and Functional Nutrition Registered Dietitian Nutritionists](#)
 - Critical thinking skills allow the RDN/NDTR to locate the research evidence and assess which piece of evidence is "best" and thus should be used for decision-making. This process of assessment uses the specific critical thinking skills of analysis, interpretation, inference, evaluation, deduction, and numeracy. The skills of explanation and induction are used to

contextualize the best available evidence within patient/client values and professional expertise.

- Critical thinking dispositions are also required for the RDN to be willing to make these assessments and include specific characteristics such as truth-seeking, open-mindedness, and systemicity.

Shared Decision Making

- Shared decision making occurs when a health care provider and a patient work together to make a health care decision that is best for the patient using the three prongs of EBP.
 - Learn more about the Agency for Healthcare Research and Quality (AHRQ) [website](#).

Ethical and Legal Implications

- There are extensive ethical and legal (including malpractice and antitrust) considerations that surround EBP and its application to malpractice and credentials/licenses.
- Other health care professions are grappling with similar EBP challenges, as described in the following references. We can all agree that dietetics practice should be based on substantial evidence. The challenge remains in the complexities and nuances regarding what is meant by “evidence” and how it informs dietetics practice as well as all health care practice.
- Below are references that may be reviewed to understand the complexities.
 - [A Call to Integrate Ethics and Evidence-Based Medicine](#)
 - [Evidence-Based Medicine and Clinical Expertise](#)
 - [Medicine, the Law, and Conceptions of Evidence](#)
 - [Should a Physician Offer Recommendations Based on Experience but Contrary to Current Practice Guidelines?](#)
 - [The Role of Practice Guidelines in Medical Malpractice Litigation](#)

While there are challenges with EBP, an important concept is communicating the level of evidence when speaking to peers, clients, or the media. During the dialogue, delegates will discuss barriers that may need to be overcome and identify what more needs to be done to support and communicate evidence-based practice in our profession.