Sense of Competence Impedes Uptake of New Academy Evidence-Based Practice Guidelines: Results of a Survey

Background

Evidence-based nutrition practice guidelines (EBNPG) are the basis of dietetics practice and are based on an accumulation of evidence for a practice or therapy. The time lag between guideline development and implementation at the patient level can be long due to practitioner concerns about applicability to their patient population and lack of awareness, time, or equipment.

The Academy of Nutrition and Dietetics (Academy) conducted research to assess the awareness and adoption of its 2014 EBNPG for Prevention of Diabetes. The study goals included:

1. Describe Registered Dietitian Nutritionist (RDN) self-reported familiarity and use of evidence-based guidelines for prediabetes from five organizations including the Academy’s EBNPG prior to publication;
2. Describe RDN change in knowledge of the Academy’s EBNPG over time; and
3. Compare RDN self-reported with demonstrated knowledge of this EBPNG.

Methods

A 32-question survey, developed and beta-tested by Academy research and diabetes care experts, included questions on RDN demographics and practice characteristics, familiarity with and use of prediabetes guidelines from the Academy and four other organizations, and knowledge of the Academy’s guidelines. The survey was emailed to 12,237 RDNs (DPBRN members, Diabetes Care and Education Dietetics Practice Group, and those self-identified as Medicare providers for diabetes) twice with instruction that only those who cared for patients with prediabetes participate. The first email was July 2014 (baseline) before the Academy’s EBNPG release and again March 2015 after the EBNPG release and promotion for 6 months. Response at baseline and 6 months was 468 (3.8%) and 536 (4.4%), respectively.

Results

Self-reported use of the guidelines generally mirrored familiarity. Respondents reported the most familiarity with guidelines from the American Diabetes Association, followed by the Academy’s EBNPG for diabetes prevention. A majority of respondents self-reported familiarity with the Academy’s EBNPG at baseline and 6 months after release, 83 and 92%, respectively. However, less than 50% reported always using any specific guideline at either baseline or 6 months. A greater but not significant proportion reported always using the Academy’s EBNPG at baseline compared to 6 months, 39.8 vs 33.2%, respectively.
A majority of respondents selected five and ten correct responses for the 17 recommendation statements from the Academy’s EBNPG at baseline and at 6 months, respectively. Overall, mean content knowledge score increased from 37.2% at baseline to 40.5% at 6 months.

**Practice Implications**

The research provides important lessons for EBNPG awareness and adoption for the dietetic profession including:

1. Self-report might not be a valid measure of a clinician’s knowledge or use of evidence-based guidelines since the Academy’s EBNPG for Prevention of Diabetes was not yet released at baseline, but was reported by respondents as the second most familiar and second most used guideline.

2. There are many barriers to effective dissemination and implementation of evidence-based practice guidelines, including “sense of competence”. Interestingly, the survey itself was the most frequent response to how respondents learned about the Academy’s EBNPG.

3. Measuring change (actual adoption of EBNPG) and inclusion of a knowledge assessment rather than self-report may be important. Novel methods of dissemination such as interactive, guided self-assessment that focuses on audit and feedback may hold promise.