

Using Food Diaries to Stimulate Learning and Reduce Conflict in Advice Provision

Dr Tracey Parkin

Associate Professor / Programme Lead BSc(Hons) Dietetics

Plymouth University

Dr Jane Collingwood and Dr Andrew Harris

Plymouth University Peninsula Schools of Medicine and Dentistry

Background

Interprofessional education can lead to

- enhanced patient care
- improve patient safety
- quality of care

(Rodgers et al, 2017)

Engagement in this process needs to be meaningful and relevant.

Time	Food description	Amount
8.30	White toast + butter	2 slices
	Boiled egg	1
	Coffee + semi-skimmed milk + 2 sugars	2 cups
11.00	Kitkat	1 (2 finger)
	Coffee + semi-skimmed milk + 2 sugars	1 cup
1.45	Cheese and tomato sandwich (brown bread)	2 slices bread
	Banana	Small
	Bag of revels	Small
3pm	Cup of tea + semi-skimmed milk	1 cup
	Rich tea biscuits	2
6.40	Roast chicken	Leg + slice of breast
	Roast potatoes	3
	Boiled carrots	2 tbsps
	Boiled peas	2 tbsps
	+ gravy	
	Apple pie + custard	Large slice ½ carton of custard
8.30	Tea + semi-skimmed milk + 2 sugars	2 cups
	White toast + butter and jam	1 slice

Food diaries (ideal learning tool)

Used by Dentists
and
Dietitians

Aim

To explore commonalities and differences in food diary use to improve understanding and identify areas of change to support holistic patient care

Method

Workshop began with a brief overview;

- dental students on their role in preventing dental carries
- dietetic students on the work of a dietitian.

Students were then split into four groups

- Each provided with a case scenario, containing relevant clinical and social information and a 3-day food diary.

Each profession was tasked with

- Identifying changes that they would make
- Providing rationale for the change to group members.
- Explore commonalities / differences
- Potential solutions

Case Study 1

Male, 65 years of age. Has Type 2 diabetes taking Gliclazide (b.d), Ramapril (b.d), atenolol (b.d), wears dentures

Monday	Tuesday	Wednesday
Breakfast (8am) Bowl of porridge made with milk + tsp. golden syrup	Breakfast (8am) 2 slices of toast (medium sliced) with marmalade Cup of tea (with milk semi-skimmed)	Breakfast (8am) Bowl of porridge made with milk + tsp golden syrup Glass of grapefruit juice
Mid-morning Cup of tea (with milk semi-skimmed) Apple	Mid-morning 2 digestives Cup of tea (with milk semi-skimmed)	Mid-morning 2 Fig rolls Cup of tea (with milk semi-skimmed)
Lunch (1pm) Egg and cress sandwich (2 slices of bread, medium sliced) Apple	Lunch (1pm) Small Steak and kidney pie + 2 small potatoes + peas	Lunch (1pm) Cream of chicken soup + 1 Bread roll Slice of fruit cake
Mid-afternoon Handful of dried prunes	Mid-afternoon Toasted Teac cake + jam	Mid-afternoon Packet crisps
Dinner (7pm) 2 small boiled potatoes Savoury mince Boiled carrots mashed + peas	Dinner (7pm) Small tin of baked beans on toast (2 slices of bread)	Dinner (7pm) 1 thick slice of bread Tin of sardines
Bedtime (10pm) 1thick slice of toast with marmalade	Bedtime (10pm) Cup of coffee + 2 rich tea biscuits	Bedtime (10pm) Cup of tea plus 2 digestive biscuits

End of session

- Groups feedback on areas of commonalities and differences identified in managing the scenarios as well as potential solutions.
- Sessions were evaluated using posits to indicate key learning points.
- Data collected at the end of the session was analysed using content thematic analysis

(Braun and Clarke 2006)

Results

N=44 (16 Dental and 28 Dietetic students)

Two themes emerged relating to students learning:

1. Areas that were likely to impact on clinical care in practice:

- Snacking behaviour,
- Food choices offered
- Oral hygiene practices.

2. Areas that students found interesting

(not directly related to clinical care they would deliver)

Dental students focused

On frequency of sugar rather than amount and limited snacking behaviour

I learnt that I was so tooth focused on dental advice I had little understanding of the possible integrated and holistic dietetic implications

Dietetic students focused

On the nutritional content of the whole diet, with a tendency to increase frequency of snacks in individuals not meeting nutritional requirements.

I learnt how dietitians can be incorporated into the treatment for providing better oral care
4 sugar exposures a day!!!!-
Implications for dietetic practice

Conclusion:

Greater understanding of the rationale for advice offered to patients has highlighted areas in practice that could be approached differently, to reduce conflict in advice provision and support holistic care of patients.

Students involved recommend further learning in this way to share knowledge, skills, develop understanding and reduce conflict in advice provision.

Quality improvement in learning through practice

IPL was extremely useful
there are definitely areas
where we can work in
collaboration for the
overall benefit of the
patient

References:

1. Rogers GD, Thistlewaite JE, Anderson ES et al. (2017) International Consensus Statement on the Assessment of InterProfessional Learning Outcomes. *Med Teach*, 39(4):347-359
2. [Arheiam A](#), [Brown SL](#), [Higham SM](#), [Albadri S](#), [Harris RV](#). (2016) The information filter: how dentists use diet diary information to give patients clear and simple advice. *Community Dent Oral Epidemiol*, 44(6):592-601.
3. Brunner E, Stallone D, Juneja M et al.(2001) Dietary assessment in Whitehall II; Comparison of 7 day diet diary and food frequency questionnaire and validity against biomarkers. *Br J Nutr*, 86(3):405-414.
4. Braun V, Clarke V. (2006) Using thematic analysis in psychology. *Qual Res Psychol*,3(2):77–101.