

## **Content Standards for Eating Disorders Training**

## Training Provider Checklist

## **Evidence-informed dietetic practice for eating disorders**

The <u>National Framework for Eating Disorders Training – A guide for training providers</u> (the Framework) was developed by NEDC in collaboration with training providers across Australia. Its purpose is to align with the <u>ANZAED Eating Disorder Credential</u> criteria and national standards, ensuring consistency and quality across the training required for the Credential. The Framework seeks to guide the development of training which engages, inspires, and equips the workforce with the knowledge and skill to safely and effectively respond to, and provide treatment for, people living with an eating disorder. Establishing consistency and quality in trainings will contribute to clearer learning and professional development pathways for clinicians, resulting in a stronger workforce able to respond to increasing demand.

The Training Framework can be used by all training providers to improve quality and consistency so that eating disorder training is evidence-based, inclusive, and based on best practice care for people experiencing eating disorders. The Framework outlines General and Content Standards which the training must meet to be approved through the <u>NEDC Training Approvals</u>. In addition, twelve Guiding Principles are specified which should underpin all training.

The Content Standards are specific competency areas that must be addressed within each of the three types of trainings described within the Training Framework. All training providers are encouraged to apply the Content Standards when developing or providing any training in eating disorders information and care. Please use the checklist below when developing your training.

#### **Incorporated** a. Be able to take a preliminary case history relevant to disordered eating and eating disorders using culturally respective practice and using dietetic assessment tools and tests as appropriate for the person b. Be able to describe the range of physical and health-related issues (e.g., malnutrition, diabetes, osteoporosis) related to the experience of eating disorders and understand the significant physical risks associated with eating disorder behaviours, including the risk of death c. Contribute to the nutritional assessment of children, adolescents, and adults in relation to eating disorders. This should include: Food and nutrient intake ٠ Food and nutrient administration • Medication and complementary/alternative medicine use ٠ Knowledge and beliefs regarding body image disturbance, food and eating • Eating behaviour • Factors affecting access to food and food/nutrition-related supplies • Physical activity and function . Nutrition-related person-centred measures ۲ Anthropometric measurements Biochemical data, medical tests, and procedures Nutrition-focused physical findings Individual's history . Comparative standards .

### Competency Area 1: Ability to conduct a nutritional assessment of children, adolescents, and adults in relation to eating disorders

into training

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Competency Area 2: Ability to engage the person experiencing an eating disorder and their family/supports in a non-judgmental manner and to motivate engagement with relevant health services and treatments

#### **Course Content**

- a. Demonstrate an empathetic understanding of high levels of ambivalence and fear of change in people experiencing an eating disorder and use strategies to support them to overcome barriers to self-disclosure
- **b.** Work flexibly and collaboratively with the person throughout treatment, being able to adapt the treatment approach to suit the person's needs at that time. This includes matching treatment intensity to the person's clinical presentation.
- c. Engage and work collaboratively with families and supports and encourage the person experiencing an eating disorder to allow their family and supports to share information with the treatment team
- d. Explain the range of education and support needs a person experiencing an eating disorder and their family and supports may require regarding nutritional management and rehabilitation

# Competency Area 3: Ability to contribute to multidisciplinary team assessment and care planning within the scope of professional role

#### **Course Content**

- a. Understand the significance and importance of a multidisciplinary care team in providing treatment for people experiencing eating disorders and understand the key role and function that the dietitian plays within the team. <u>Click here</u> for more information on the care team.
- b. Within professional role and scope of practice, work collaboratively with professionals from other disciplines to implement and review the treatment plan

Incorporated

into training

Incorporated into training

Competency Area 4: Understand and work within the stepped system of care to support the person living with an eating disorder and their families and supports to access the right level of care for their needs

#### **Course Content**

a. Understand processes for and be able to refer people experiencing eating disorders to relevant services within the stepped system of care to address their physical, psychological, and nutritional needs. This includes acting on identified warning signs to facilitate a person's access to the appropriate mental health and medical review and/or support. <u>Click here</u> for more information on the stepped system of care.

Competency Area 5: Knowledge of current dietetic and clinical practices and standards in the treatment of eating disorders	ō	ain
Course Content	<u> </u>	into tr

a. Knowledge of the standards for safe treatment. <u>Click here</u> to access the ANZAED clinical practice and training standards.

Incorporated into training

Competency Area 6: Ability to make nutritional diagnoses and implement nutritional interventior	u Incorporated into training
Course Content	Incor] into t
a. Identify specific nutrition problems and diagnoses resulting from the psychological and physical complications associated disorder (for example, malnutrition, micronutrient deficiencies). Note: these are not medical or psychiatric diagnoses.	d with an eating
b. Knowledge of the management of malnutrition, including weight restoration and micronutrient deficiencies within the co for people experiencing an eating disorder	ntext of treatment
c. Awareness of the risks of re-feeding syndrome, the need for medical care in nutritional restoration, and the role of the die managing re-feeding syndrome	etitian in 🛛
d. Identify and manage co-occurring nutritional and health-related conditions the person with an eating disorder may prese example, diabetes, pregnancy), including understanding risk associated with co-occurring conditions	ent with (for
e. Understand the importance of and be able to provide nutrition education relevant to the person's clinical presentation. C and information should be provided to the person experiencing an eating disorder, their family, and supports.	ommunication
f. Provide nutrition counselling to the person and their family and supports. This may include, but not limited to, monitoring beliefs and attitudes about food and health, and factors affecting eating behaviour and nutritional status.	g eating behaviour,
g. Identify, plan, and implement nutrition interventions with the purpose of modifying the person's nutrition-related health knowledge, and attitudes to achieve physical, psychological, and nutritional recovery	status, behaviours,
h. Conduct nutritional monitoring, taking into consideration the measurement of treatment adherence outcomes by other n multidisciplinary care team	nembers of the
i. Monitor progress and measure outcomes relevant to professional role	
j. Treatment sessions should be scheduled at a frequency that matches the severity of the person's eating disorder, the treatment approach being implemented	atment goals, and

## References

Please see pages 41-42 of the <u>National Framework for Eating Disorders Training – A guide for training providers</u> for the full reference list.