



Final Report of the International Confederation of  
Dietetic Associations (ICDA) Evidence-based Practice  
Working Group

November 25, 2010

**Report submitted to the ICDA Board of Directors**

**Prepared by:**

**Debbie MacLellan PhD, RD, FDC and Jayne Thirsk PhD, RD, FDC**

## Final Report of the International Confederation of Dietetic Associations (ICDA) Evidence-based Practice Working Group

At the 37th meeting of the International Confederation of Dietetic Associations Board of Directors Meeting in Bangkok, Thailand held November 12-14, 2010, the following introductory statements and definition of evidence-based dietetics practice were adopted as a formal position of ICDA.

### ***Evidence-based dietetics practice***

*Evidence-based dietetics practice is used to make decisions in all areas of dietetics practice to improve health outcomes in individual clients, communities and populations.*

*Evidence-based dietetics practice clearly states the source of evidence underpinning practice recommendations. To be relevant and effective, evidence-based dietetics practice must integrate knowledge of other disciplines.*

*Evidence-based dietetics practice is informed by [ethical principles of dietetics practice and codes of good practice](#). This includes reflection on how a dietitian's own perspectives or biases may influence the interpretation of evidence.*

#### Definition

***Evidence-based dietetics practice*** is about asking questions, systematically finding research evidence, and assessing the validity, applicability and importance of that evidence. This evidence-based information is then combined with the dietitian's expertise and judgment and the client's or community's unique values and circumstances to guide decision-making in dietetics.

*A consensus Statement Approved by the Board of Directors November 13, 2010.*

This report documents the processes used in the creation of this international consensus statement.

**June 2009** - the ICD Board of Directors approved terms of reference to guide a new working group on “evidence-based dietetics practice”. The purpose of the working group was to “develop a definition for evidence-based practice in the profession of dietetics that national dietetic association representatives can agree to and that can be promoted by ICDA as an element of its standard of good practice in dietetics” (Terms of Reference Appendix I).

The working group was chaired by two representatives from Dietitians of Canada, namely, Debbie MacLellan, PhD, RD, FDC and Jayne Thirsk PhD, RD, FDC.

**September 2009** – Chairpersons communicated to all ICDA official Representatives via email, inviting them to nominate representatives from their national dietetics associations to participate in the working group. The email also requested that ICDA Representatives or their nominees send the working group chairpersons any existing resources relevant to a definition of evidence-based dietetics practice so an inventory could be created. A reminder email was sent in October 2009 to all ICDA Representatives. (Note: a record of all critical emails sent to the working group is appended to this report in Appendix II)

**November 2009** – A welcome email was sent to the working group which consisted of 31 individuals representing national dietetics associations in 16 countries as listed in Appendix III). At times, working group members also consulted with colleagues when responding to surveys and requests for input.

The correspondence provided some background on evidence-based practice, and invited working group members to complete a survey (Appendix IV), designed to elicit experiences and ideas to inform a meeting agenda planned to take place by teleconference.

**January 2010** – Results of the survey were shared with the working group. Collated responses are provided in Appendix IV but in summary we learned that five countries had developed or adopted a definition of evidence-based dietetics practice. These definitions were either borrowed from other definitions or a process was followed whereby a search of existing definitions was completed; member input was then sought and the most suitable definition was adopted. These definitions of evidence-based dietetic practice are used by national dietetic associations:

- to improve patient care
- to evaluate the dietetic process
- to develop best practice guidelines
- to guide dietetic practice (code of conduct, scope of practice)

The working group felt it was important that an international definition of evidence-based dietetic practice be developed in order to:

- have a common language.
- share experiences.
- improve professional practice of dietitians.
- make it easier to collect data on the impact of dietetic practice.
- empower dietitians around the world.
- enhance the prestige of our profession.

**February 2010** – two teleconferences were held via Skype to accommodate a range of time zones. Eleven people participated in the first call and 8 in the second. Minutes of the meetings are provided in Appendix V. The results of the survey were reviewed. Discussion included the importance of not only creating a definition as a first step but also communicating why the definition is important for the profession and preparing tools to support its adoption. The participants agreed that a delphi consensus building process was an effective way of generating the international definition.

A newsletter article was submitted to ICDA which provided background on why a definition was important and how the definition would be created and used internationally (Appendix VI).

**April 2010** – The first round questionnaire for the delphi survey was developed based on the November survey results, relevant materials collected from working group members and a review of the literature (published and grey). A list of 35 possible components of a definition of evidence based dietetics practice was sent to working group participants. They were asked to remove any items they felt should not be included in the definition and add any they felt were missed. (Appendix VII). Eighteen individual or group surveys were returned.

**June 2010** – Following analysis of the responses obtained on the first round, a second round delphi survey questionnaire comprised of two parts was sent to working group participants (Appendix VIII). Feedback obtained in the first survey recommended that some

elements though important, would be better positioned as part of a preamble or introduction to a definition. Participants were asked to indicate yes/no regarding inclusion of 10 elements for a preamble. In Part 2, they were asked to rank 22 elements related to the definition, identified as a result of the first round delphi survey. Comments were again invited.

**October 2010** – First draft of preamble and definition prepared based on delphi processes were shared with working group.

**November 2010** – Following feedback and suggestions to simplify the wording n= 12, the final introduction and definition were shared with the working group prior to submitting it to ICDA Board for approval (Appendix IX). Working group members offered the following suggestions for sharing the introduction and definition within their national associations:

- Consultation with Board or Executive of National Dietetic Associations
- Consultation with members at a national conference
- Articles in monthly newsletters
- Online survey of membership
- Posting proposed definition to association website and inviting feedback

## **Appendices**

- I. Terms of Reference ICD Working Group to Develop an International Definition of “Evidence-based Practice” June, 2009
- II. Working Group Participants and Country of Affiliation
- III. Log of Critical Email Correspondence with Working Group
- IV. Survey of International Definition of Evidence-based Practice Working Group Results
- V. Minutes of February 18<sup>th</sup>, 2010 meetings of ICDA working group
- VI. ICDA newsletter article; Improving Nutrition Around the World Through Evidence-based Dietetic Practice
- VII. First Round Delphi Survey
- VIII. Second Round Delphi Survey
- IX. Briefing note for the ICDA Board of Directors Meeting November 12-14, 2010

# **Appendix I**

## **Terms of Reference**

### **ICD Working Group to Develop an International Definition of “Evidence-based Practice”**

#### **Purpose**

The working group will develop a definition for evidence-based practice in the profession of dietetics that national dietetic association representatives can agree to and that can be promoted by ICDA as an element of its standard of good practice in dietetics.

#### **Mandate**

The Expert Reference Group (working group) would consider the terminology and approaches identified by national dietetic association members of ICDA and best practices in the literature and will work towards a common definition and approach. Once agreement has been reached at the working group, a consultative process involving all ICDA member national dietetic associations will be used to further promote common understanding on a draft proposed definition and the related tools and techniques needed to support adoption of the definition of Evidence-based Dietetic Practice.

#### **In carrying out this mandate, Expert Reference Group (working group) members will:**

- Share with the working group their experiences and knowledge relating to evidence-based practice
- Contribute to the development of a draft definition and resources or strategies to support its adoption (eg. common terminology)
- Contribute to the design of a consultation process and related tools (email/online survey)
- Assist with the analysis of the consultation findings
- Contribute to the final definition and supporting tools which will be submitted to the ICDA Board of Directors by January 2012
- Facilitate and encourage the participation of their dietetic associations in the consultation
- Act as champions of evidence-based dietetic practice within their member associations

#### **Membership**

The International Definition of Evidence-based Practice in Dietetics Working group will be co-chaired by 2 representatives from Dietitians of Canada [Dr Debbie MacLellan and Dr Jayne Thirsk] and engage expert representatives from as many national dietetic association members of ICDA as respond to the call for information.

#### **Operations and Governance**

Co-chairs will extend an email call, through established ICD channels, for existing definitions, terminology and approaches in use by national dietetic association members of ICDA relevant to a definition of evidence-based practice in dietetics. At that time, an invitation will be extended to elicit participation on the working group.

The working group will create a workplan including timelines and a process for consultation. A draft definition and supporting tools will be created or adopted based on consensus methods. Official Representatives of national dietetic associations will receive advance notification of the consultations including background, purpose and timelines.

The [first] draft definition will be circulated to all member national dietetic associations for comment in August 2010. The comment period will be 90 days.

The second draft definition will be circulated to all member national dietetic associations for comment prior to July 2011. The comment period will be 90 days.

On receipt of input, final adjustments will be made by the working group and the definition will be submitted to the ICDA Board of Directors by January 2012.

The Board of Directors will present to official Representatives for agreement at a meeting in September 2012.

All communications will be in English.

The work will be accomplished via email or new web tools.

Webinar technology will be used to facilitate discussions where necessary.

**Timeline:**

June 15 <sup>th</sup> , 2009	Draft Terms of Reference submitted to ICD Board.
July 2009	Request to national dietetic associations for relevant information and experience defining evidence-based practice and expression of interest for working group participation
September 2009	Call for information and expression of interest for working group participation (repeated)
December 2009	Appointment of full working group
February 2010	Workplan articulated
August 2010	First draft to member national dietetic associations with a request for feedback
March 2011	Draft 2 approved by working group for second national dietetic association consultation phase
July 2011	2 <sup>nd</sup> Consultation phase completed
January 2012	Final definition to ICDA Board
September 2012	Review and approval of official Representatives at annual meeting

## Appendix II

### Log of Critical Email Correspondence with Working Group (reverse chronological order)

**Sent:** Wednesday, November 03, 2010

**Subject:** ICDA Evidence-based Dietetic Practice Working Group

Dear ICDA Evidence-based Dietetic Practice Working Group

Thank you to those of you who provided additional feedback on the proposed preamble and definition. We carefully considered all the feedback and incorporated a substantial portion of it in order to clarify and simplify both the preamble and the definition. We were reminded that our work will be translated into other languages and so language should be simple and sentences short. We also examined this new input relative to previous feedback and ranking you provided to us initially and through the Delphi process to ensure we were staying true to our consensus processes. Here is the final draft which has been sent along to the ICDA Board. We will be back in touch regarding next steps in the very near future.

Preamble or Introduction

*Evidence-based dietetic practice is used to make decisions in all areas of dietetic practice to improve health outcomes in individual clients, communities and populations.*

*Evidence-based dietetic practice clearly states the source of evidence underpinning practice recommendations. To be relevant and effective, evidence-based dietetic practice must integrate knowledge of other disciplines.*

*Evidence-based dietetic practice is informed by ethical principles of dietetic practice and codes of good practice <link to ICDA docs>. This includes reflection on how a dietitian's own perspectives or biases may influence the interpretation of evidence.*

Definition

***Evidence-based dietetic practice*** is about asking questions, systematically finding research evidence, and assessing the validity, applicability and importance of that evidence. This evidence-based information is then combined with the dietitian's expertise and judgment and the client's or community's unique values and circumstances to guide decision-making in dietetics.

Thank you all for your participation thus far.

Sincerely,

Jayne Thirsk and Debbie MacLellan

---

**Sent:** Friday, 22 October 2010

**Subject:** ICDA Evidence-based Dietetic Practice Working Group

Dear Working Group Members:

Sorry for the delay in getting back to you with the results of the second round of our Delphi survey. We have taken your advice and separated these results into two sections: a preamble and a definition. Please see below.

Preamble or Introduction

*Evidence-based dietetic practice is used to make decisions in all areas of dietetic practice to improve health outcomes and reduce variations in the care provided. It therefore applies to individual clients, customers and communities.*

*Evidence-based dietetic practice must be informed by ethical principles of dietetic practice and codes of good practice <link to ICDA docs>. This includes reflection on how a dietitian's own perspectives or biases may influence the interpretation of evidence.*

*Evidence-based dietetic practice should clearly state the source of evidence underpinning practice recommendations and to be relevant and effective, evidence-based dietetic practice must integrate knowledge of other disciplines.*

Definition:

**Evidence-based dietetic practice** is about asking questions, systematically finding research evidence, and assessing the validity, applicability and importance of that evidence before combining it with clinical expertise and judgment and the client's or community's unique values and circumstances to guide decision-making in dietetics.

At this time, we need you to review the preamble and draft definition **one last time** and let us know if you feel that it is ready to go forward to your national association for approval. Please **do not** begin national consultation just yet.

Please send us your response by November 1, 2010. We will also be sending this draft along to the ICDA Board which meets in November. They will likely provide some additional direction regarding consultation processes. Once we have the ICDA Board's input and the approval of this working group, we will be back in touch with more information regarding the next stage in the process.

Thank you for your ongoing contribution to this important work. We look forward to hearing from you.

Sincerely,

Debbie MacLellan & Jayne Thirsk

---

**Sent:** Friday, June 18, 2010

**Subject:** Requesting your input on second round Delphi survey

Dear ICDA Evidence-based Practice Working Group,  
Thank you for responding to the first round of our Delphi survey. We had 18 individual or group surveys returned to us. While we were not able to remove too many components based on your feedback, you provided many excellent comments and some suggestions for moving some elements into an introductory section or preamble.

We have attached the results of the first round of the Delphi process and encourage you to review the results and especially the comments provided by your colleagues.

Based on your input, we have prepared a second round Delphi survey and again invite your feedback. In this round we are asking you for guidance on which elements to include in our preamble and most importantly requesting that you rank from one (most important) to twenty-two (least important) the remaining components of the definition. There are spaces in each section of the survey to record any additional comments you may have.

We ask that you complete this round of the survey by July 14th, 2010 and send your response to Debbie MacLellan at [maclellan@upei.ca](mailto:maclellan@upei.ca)

We will then use these results to craft the actual definition incorporating the components you identified as most important. This draft definition would be circulated to you for any final comment. Following this, the next step according to our workplan will be to circulate this draft definition within your respective national dietetic associations to obtain member feedback. We welcome your thoughts or suggestions on how you see conducting this consultation within your national dietetic association. We may be able to gather ideas and develop a plan by email. If you feel a second teleconference would be desirable to discuss the consultation phase, please let us know that too and we can take steps to arrange one.

At this time, we would also like to invite any working group members who would like to work with us to specifically develop the introduction or preamble component for our definition to contact us. Please let us know if this task interests you and we will arrange a meeting to begin that process as well.

We thank you for your input so far and look forward to the second round of feedback.

Sincerely,

Debbie MacLellan and Jayne Thirsk

---

**Sent:** May 11, 2010

**Subject:** Reminder to Complete Questionnaire

Dear ICDA Evidence-based Practice Working Group,

We have only heard from a very small number of you regarding the first step of the delphi process. In order to proceed with our work, it is very important that we first identify the terms that we feel are most important to a definition of evidence-based dietetic practice. We have once again attached the questionnaire to this email. The instructions are outlined on the actual questionnaire.

Please mail, fax, or email (as a WORD or PDF attachment) your response by MAY 14th, 2010 to: Debbie MacLellan Department of Family and Nutritional Sciences University of Prince Edward Island 550 University Avenue Charlottetown, PEI CANADA C1A4P2 902-628-4367 (fax) [maclellan@upei.ca](mailto:maclellan@upei.ca)

Thank you for your ongoing support.

Debbie MacLellan and Jayne Thirsk

---

**Sent:** Friday, April 23, 2010

**Subject:** Round One Questionnaire for Delphi survey on Evidence Based Dietetic Practice

Dear ICDA Evidence-based Practice Working Group,

Attached to this email you will find the questionnaire for the first step of the delphi process to develop a definition of evidence-based dietetic practice. The instructions are outlined on the actual questionnaire.

Please mail, fax, or email (as a WORD or PDF attachment) your response by MAY 14th, 2010 to: Debbie MacLellan Department of Family and Nutritional Sciences University of Prince Edward Island 550 University Avenue Charlottetown, PEI CANADA C1A4P2 902-628-4367 (fax) [maclellan@upei.ca](mailto:maclellan@upei.ca)  
Thank you for your ongoing support.

Debbie MacLellan and Jayne Thirsk

---

**Sent:** Sunday, March 7, 2010  
steps and anticipated timelines

**Subject:** Next

Dear ICDA Evidence-based Practice Working Group,

Debbie and I are working on the first issue of the Delphi survey to gather feedback and build consensus on the important components of the definition of "evidence-based dietetic practice". Our university term in Canada as well as our fiscal year ends March 31st. As a result of these commitments, we will be slightly delayed in getting the materials to you for your input. Please look for the survey closer to the end of April 2010.

Thank you for your patience. We hope this delay does not inconvenience you in any way.

Kind regards,

Debbie MacLellan Jayne Thirsk

---

**Sent:** February 19, 2010

**Subject:** Minutes of our Feb 18 2010 Meetings

Greetings ICDA Working Group,

It was a pleasure "meeting" many of you via our SKYPE calls yesterday. Despite having a couple of scenarios where people could not connect or microphones that

didn't work, generally the feeling was the SKYPE was a reasonable way to "Meet". Debbie and I would welcome feedback from any of you that weren't on the calls yesterday regarding the feasibility of continuing to use SKYPE. If you have experience with it, please let us know that. One thing that seemed to help with the call was setting up the contacts ahead of time. If you have a SKYPE account, please let me know so that I can create conversation groups ahead of our next call. Attached, you will find the minutes of our meetings. Feedback and comments are most appreciated, both from those participating on the calls and those who were unable to do so. You will see that the next step will be a Delphi process and will be conducted by email. Debbie and I will work on a first draft very soon and send it out to you all for your input. Thank you all for your incredible interest in, and support of this project.

Sincerely,  
Debbie MacLellan and Jayne Thirsk

---

**Sent:** Tuesday, January 12, 2010

**Subject:** Planning a teleconference to discuss Evidence-based Dietetic Practice

Dear ICDA Evidence-based Practice Working Group,

Thank you for the tremendous response to the survey on Evidence-based Dietetics Practice. We have collated the feedback in the attached document and would now like to arrange for a teleconference meeting to discuss the findings as well as plan for some next steps.

We are proposing the following agenda and would ask that you set aside 90 minutes for the call.

#### Agenda

Welcome and Introductions (name and dietetic association) 10 minutes

Review of Terms of Reference (these have been accepted by ICDA Board and serve as a reminder of our task and process) 5-10 minutes

Processes (phone discussion, minutes, email communication) 5 minutes

Review of Feedback from survey (30 minutes)

Next steps (what, who, when and how (email, Skype)) 30 minutes

For those working group members that sent along sample guidelines as part of our survey process, can you notify us by email if we have your permission to share your documents or guidelines with the working group members? We will circulate those to working group members in a separate email once we confirm we have permission to do so.

We have dietetic associations from around the world participating and so in order to accommodate the various time zones we are proposing that we host two meetings at different times to make the calls during "business hours" for most participants. I have identified the time in UTC or GMT (Please see <http://www.timeanddate.com/worldclock/> for definition and time zone calculator)

Could you please indicate your availability for participation in a call on the following dates and times? We will select the two dates that best accommodate the largest number of participants. We anticipate using SKYPE for our call. Please let us know if

you anticipate any problems with this approach. More information is available from:  
<http://www.skype.com/>

January 28 1500 GMT (most suitable for North America, Europe, Africa, India)  
January 28 2300 GMT (most suitable for East Asia, Australia, New Zealand)  
Feb 4 1500 GMT  
Feb 4 2300 GMT  
Feb 18 1500 GMT  
Feb 18 2300 GMT

Once the date and times are confirmed, we will send out a further email outlining the details of how to connect to the teleconference.  
We look forward to our upcoming discussions.

Sincerely,  
Debbie MacLellan and Jayne Thirsk

---

**Sent:** November 12, 2009

**Subject:** Please complete our short survey regarding evidence-based dietetic practice

Dear ICDA Evidence-based Practice Working Group,

We are delighted to share that our working group to prepare an international definition of evidence-based dietetic practice now has representation from 15 countries! We are thrilled with the depth and breadth of experience you all bring to our task. As we begin our work to develop a definition of evidence-based dietetic practice, we thought it may be helpful to reflect on some initial work prepared by another international working group representing organizations and individual teachers and developers of evidence-based practice and delegates at a 2003 conference "Signposting the Future of Evidence-based Health Care". They state: "Evidence-Based Practice (EBP) requires that decisions about health care are based on the best available, current, valid and relevant evidence. These decisions should be made by those receiving care, informed by the tacit and explicit knowledge of those providing care, within the context of available resources (1)." While this definition includes both explicit and tacit knowledge, patient values and contextual elements of care, it is focused on the clinical care setting. The International Confederation of Dietetic Associations has defined a dietitian as: "a person with a qualification in nutrition and dietetics, recognized by national authority(s). The dietitian applies the science of nutrition to the feeding and education of individuals or groups in health and disease (2)." Thinking about the many roles that dietitians may have around the world, it will be important that our definition serve the clinical dietitian, the administrative dietitian and those dietitians delivering programs and services or developing and implementing public health strategies or policies within communities. With this broad view of evidence-based dietetic practice in mind, we are asking you to complete the attached survey for us by Nov 20, 2009 so we can incorporate your thoughts, experiences and ideas into the planning for our first teleconference discussion. With so many countries and so many time zones to accommodate for our teleconference discussion, we will likely require 2 separate teleconferences to

ensure participation at an acceptable time of day! We will be back in touch very shortly with suggested dates for the teleconferences.

In the meantime, please complete the attached survey and return to Debbie MacLellan via email prior to November 20, 2009.

Thank you and best regards,  
Debbie MacLellan and Jayne Thirsk

#### References

1. Dawes M, Summerskill W, Glasziou P, Cartabellotta A, Martin J, Hopayian K, Porzsolt F, Burls A and Osborne J. Sicily statement on evidence-based practice. BMC Medical Education 2005, 5:1 doi:10.1186/1472-6920-5-1. Available from: <http://www.biomedcentral.com/1472-6920/5/1>  
<<http://www.biomedcentral.com/1472-6920/5/1>>
2. International Definition of Dietitian and Educational Standard. Adopted International Confederation of Dietetic Associations, Members May 2004. Available from: <http://www.internationaldietetics.org/upload/document/ONJEMNDMACADPGNONBCGFKMFD;%20ASPSESSIONIDCCSDCSA1.pdf>  
<<http://www.internationaldietetics.org/upload/document/ONJEMNDMACADPGNONBCGFKMFD;%20ASPSESSIONIDCCSDCSA1.pdf>>

---

**Sent** Friday, October 16, 2009

**Subject:** Evidence-based Dietetics Project – second request

Dear ICDA Representatives,

Thank you to those countries who have submitted their nominations for the ICD working group to develop an international definition of evidence-based dietetic practice. For those ICD representatives who have not yet provided the names of their representatives, we would like to receive your nominees not later than October 30th, 2009.

As a reminder, the ICDA Board has requested the development of an international working group to develop a definition of evidence-based practice in dietetics. Debbie MacLellan and Jayne Thirsk, representing Dietitians of Canada, will co-chair this working group and are inviting you to nominate representatives from your country to participate. Attached to this email you will find the Terms of Reference for the working group, which have been accepted by the ICD Board, and a brief overview of rationale for this work. Please feel free to share these documents with your nominees.

In thinking about who you wish to nominate to participate on this working group, please consider that members will be asked to:

- Share their experiences and knowledge related to evidence-based practice
- Contribute to the development of a draft definition and resources or strategies to support its adoption
- Contribute to the design of a consultation process (email/online survey)
- Assist with the analysis of the consultation findings
- Contribute to the final definition and supporting tools which will be submitted to the ICDA Board of Directors by January 2012

- Facilitate and encourage the participation of their dietetic associations in the consultation
- Act as champions of evidence-based dietetic practice within their member associations

This work will take place in English via email and using webinar technology and will begin as soon as the working group is formed. It will be completed by September 2012.

As it is the intent of the working group to build on existing definitions in the field of dietetics, we would also ask you (or invite your nominees) to send us any existing resources in use by your national dietetic association relevant to a definition of evidence-based practice in dietetics. We will use this material to create an inventory of existing definitions and tools which will be discussed with the working group at the first meeting planned for fall 2009.

If you have any questions, please contact Debbie [MacLellan@upei.ca](mailto:MacLellan@upei.ca) or Jayne [jthirsk@dietitians.ca](mailto:jthirsk@dietitians.ca)

Please send the names and email addresses of your nominees at your earliest convenience to the working group co-chairs at:  
[maclellan@upei.ca](mailto:maclellan@upei.ca) [jthirsk@dietitians.ca](mailto:jthirsk@dietitians.ca)

Thank you for attending to this request on behalf of ICDA.

Sincerely,

Debbie MacLellan and Jayne Thirsk

---

**Sent:** September 16, 2009

**Subject:** Developing an International Definition of "Evidence-based Practice"

Dear ICDA Representatives,

The ICDA Board has requested the development of an international working group to develop a definition of evidence-based practice in dietetics. Debbie MacLellan and Jayne Thirsk, representing Dietitians of Canada, will co-chair this working group and are inviting you to nominate representatives from your country to participate. Attached to this email you will find the Terms of Reference for the working group, which have been accepted by the ICD Board, and a brief overview of rationale for this work. Please feel free to share these documents with your nominees. In thinking about who you wish to nominate to participate on this working group, please consider that members will be asked to:

- Share their experiences and knowledge related to evidence-based practice
- Contribute to the development of a draft definition and resources or strategies to support its adoption
- Contribute to the design of a consultation process (email/online survey)
- Assist with the analysis of the consultation findings
- Contribute to the final definition and supporting tools which will be submitted to the ICDA Board of Directors by January 2012
- Facilitate and encourage the participation of their dietetic associations in the consultation

- Act as champions of evidence-based dietetic practice within their member associations

This work will take place in English via email and using webinar technology and will begin as soon as the working group is formed. It will be completed by September 2012. As it is the intent of the working group to build on existing definitions in the field of dietetics, we would also ask you (or invite your nominees) to send us any existing resources in use by your national dietetic association relevant to a definition of evidence-based practice in dietetics. We will use this material to create an inventory of existing definitions and tools which will be discussed with the working group at the first meeting planned for fall 2009. If you have any questions, please contact Debbie [Maclellan@upei.ca](mailto:Maclellan@upei.ca) or Jayne [jthirsk@dietitians.ca](mailto:jthirsk@dietitians.ca) Please send the names and email addresses of your nominees at your earliest convenience to the working group co-chairs at: [maclellan@upei.ca](mailto:maclellan@upei.ca) [jthirsk@dietitians.ca](mailto:jthirsk@dietitians.ca) Thank you for attending to this request on behalf of ICDA.

Sincerely, Debbie MacLellan and Jayne Thirsk

### **Appendix III Evidence-based Dietetics Practice Working Group Members and Country Affiliation**

Australia:	Sue Ash, Judy Bauer, Clare Collins
Canada:	Debbie MacLellan, Jayne Thirsk
Hungary:	Izabella Henter
India:	Latha Sashi
Italy:	Ersilia Troiano
South Korea:	Young-Yun Cho, Won-Kjung Kim, Cheong-Min Sohn
New Zealand:	Katrina Pace
Netherlands:	Sandra Beijer, Jose Maessen
Nigeria:	Uchenna Onyechi, Ijeoma Nwokejiobi, Elizabeth Ngwu
Pakistan:	Ahsan Azhar, Atta-ur-Rehman Khan, Fayyaz Danish, Rashidah Javid, Saddah Eshki
Singapore:	Chow Pek Yee
Spain:	Maria Manera, Eduard Baladia, Julio Basulto
Switzerland:	Ludivine Soguel
Taiwan:	Chwang Leh-chii
United Kingdom:	Laura Stewart
Unites States of America:	Kathleen Niedert, Jessie Pavlinac, Kari Kren, (Joan Schwaba interim replacement for Kari Kren during a period of leave)

## Appendix IV

### International Definition of Evidence-Based Practice Working Group Survey Results November 2009

Total received: 16

1. **Has your national dietetic association developed or adopted a definition of evidence-based dietetic practice?**

No = 11

Yes = 5

Countries: Korea (3), Hungary, New Zealand, Italy, Singapore, Spain, Switzerland, India, Australia, United States, Nigeria, UK, Netherlands, Canada

2. **How was the definition developed?**

Our Netherlands Dietetic Association didn't develop a new definition but agrees with the definition of the American Dietetic Association:  
Evidence-Based Dietetics Practice is the use of systematically reviewed scientific evidence in making food and nutrition practice decisions by integrating best available evidence with professional expertise and client values to improve outcomes.

Questionnaires were designed by the national representatives in collaboration with the national executive and distributed to key dietitians in academia, clinical practice and private practice (purposive sampling of respondents) and internet search was carried out by dietetic interns and professional colleagues. Responses were collated and the most suitable definition adopted.

From within the DAA Practise Advisory Committee and aligned to that of the (Australian) National health and Medical research Council (NHMRC)

The ADA Evidence-based Practice Committee, upon their establishment in 2005, noted that there were many definitions for "evidence-based practice", yet there was not a definition for "evidence-based *dietetics* practice". The committee compiled a list of several existing definitions of "evidence-based practice" for review and then formulated their own definition for "evidence-based dietetics practice" in 2006.

Consensus view from BDA Standing committee for Clinical Governance, based upon scoping of EBP definitions (BDA 2004)

3. **How is the definition used in your country?**

In the Netherlands a book was written about Evidence-based dietetics (Former-Boon M, Duinen van JJ, eds. Evidence-based dietetics, principles and procedures, Houten: Bohn Stafleu van Loghum, 2008 *only in Dutch*) in which also the definition of the American

Dietetic Association is the starting point. Furthermore, our national dietetic association participates in the development of multidisciplinary guidelines initiated by the CBO (an organization aiming at improving the quality of the Dutch health care). The CBO uses the EBRO-procedure for the development of guidelines. EBRO means evidence based development of guidelines following the below mentioned steps:

- formulating the question/problem
- systematic literature search
- summary of the literature
- conclusions from the literature and level of evidence
- other considerations (safety, patients' perspective, availability of services, ethical considerations)
- recommendations

The definition of evidence based practice is known by a lot of dietitians but the implementation needs more effort. However, were possible dietitians will participate in the development of national evidence based guidelines (CBO guidelines, Elsevier guidelines). In daily practice these guidelines are used to improve patient care.

In some facilities it is used in evaluating the dietetic process and some decisions made by dietitians with respect to dietary counseling, nutrition education messages and diet therapy recommendations to health care team during in-patient care, during clinical conferences, production of national guidelines and policy documents.

Used by member to develop best practice guidelines for the profession  
Used by DAA to guide the endorsement process for these guidelines  
Used to provide CPD opportunities for the profession.

The definition was approved by ADA's House of Delegates and was incorporated into the Decision Aid section of the *ADA Scope of Dietetics Practice Framework*.

Used in BDA code of professional conduct 2004 and BDA manual of dietetic practice-professional practice chapter 2007

#### **4. Why hasn't your national dietetic association developed or adopted a definition of evidence-based practice?**

We think that it might be because the development of a definition of evidence-based practice requires time and our association didn't have enough resources for that these last years. The adoption of an evidence-based practice definition was not a priority in our association for the last years. In Switzerland, the education has been in a University level since 2002. We feel that some members of our association are now ready to undertake some work about evidence-based practice because more members are now familiar with critical reading and dietetics research but it was not the case some years before.

Maybe because only a few dietitians are able to develop an evidence-based review or maybe because of the lack of time to do it.

Ours dietitian population is small and not all are active. We are still trying to unite all dietitian graduated from different countries the practice guide that tailored toward Singapore.

The Italian Association of Dietitians (ANDID) has not yet developed an own definition of evidence- based practice, but recommend to all its members to apply evidence-based principles in the professional practice. In the last five years, the Italian Association of Dietitians (ANDID) has developed some positions on the professional role of the dietitian; all the positions reported the importance of applying the principles of evidence-based medicine in the dietetic practice. ANDID codes of ethics recommends that the professional intervention of Dietitians has to be founded on the best available scientific evidence. Besides, it recommends to all the members the importance of research and continues education, as tools to achieve a better professional practice

The NZDA has endorsed several evidence-based practice guidelines from overseas, and developed one of its own. Formalized evidence based practice is a relatively new area of work for the NZDA and as such we are still developing what the Association and its members needs from this area. Until this time we have unofficially assumed the definition given by Sackett et al in 2000 (Sackett DL, Strauss SE, Richardson WS, Rosenberg W, Haynes RB. Evidence-based medicine: How to practice and teach EBM. *Edinburgh, Churchill Livingstone*. 2000) for evidence based medicine - "Evidence-based medicine (EBM) is the integration of best research evidence with clinical expertise and patient values, and its application to health".

There was no real demand for it. There are so many every day problems at our working-areas, till this time we did not recognize the importance of developing EBP. We have not enough research in our country. We have got 7 professional protocols of different kind of diseases based on evidences. Our authorities supervise according to them.

We don't have enough money and staffs for developing definition of evidence-based practice

Every institution has different nutrition settings, so it is not easy to develop the definition of EBP that can cover every situation. (I'm not sure, but some institutions in Korea may have their own definition of EBP.)

We are on the way to develop the practice guidelines based on the US guidelines. And we are analyzing evidenced based study results to modified the US guideline.

Most practitioners, say about five years back, at that point of time did not think it was important. "Evidence based practice" as a model/concept is being discussed amongst us practitioners, for documentation, only lately, though in practice it might have been followed. Course structures /Curriculum have shown a lot of diversity in our country. Diet & Nutrition departments make and follow their own standards of practices / guidelines. Though of late

there is a growing demand to have a common guideline. It is in the nascent stage. Lack of adequate data base. Communication has been too far and sparse.

#### 5. How would you define evidence-based dietetic practice?

In my opinion the definition of the ADA fits very good. Important in evidence based practice is the combination of scientific literature (from systematic literature research) with professional knowledge of the dietician and the individual situation of the patient. Evidence-based is not the same as scientific proof. Proof means 100 percent certainty but evidence can vary from very weak to very strong. In fact, evidence-based refers to the method how to search for evidence. Even when a systematic literature search results in no or inadequate evidence, the guideline is still evidence-based for example based on the opinion of experts (Former-Boon M, Duinen van JJ).

It is the combination of the clinical judgment and expertise of a dietitian based on research findings and best available scientific evidence to enable the dietitian make the best food and nutrition practice decisions that would most likely lead to a positive outcome for a patient or client taking into consideration the setting in which care takes place.

Dietetic practice that is based on the most current, relevant research evidence combined with a dietetic practitioner's expertise and consideration of clients' values, beliefs, needs and wants. It is more than a process of evaluating the evidence. It is inclusive of quantitative and qualitative approaches to research.

Dietetic practice that is based on an evaluation/critical appraisal of the best available evidence on the specific area of practice and then translates this into the dietetic context with appropriate resources, tool and evaluation so that this in itself ( when published) can further enhance the evidence base.

#### **ADA definition:**

"Evidence-Based Dietetics Practice is the use of systematically reviewed scientific evidence in making food and nutrition practice decisions by integrating best available evidence with professional expertise and client values to improve outcomes."

#### **Key Considerations:**

- Evidence-based dietetics practice is consistent with the general definition and key considerations of Evidence-Based Practice" in healthcare outlined in the ADA Scope of Practice Dietetic Framework Definition of Terms.
- Evidence-based dietetics practice is based on the best available evidence including research, national guidelines, policies, consensus statements, expert opinion and quality improvement data.
- The determination of "best available evidence" is based on the hierarchy of evidence (<http://www.adaevidencelibrary.com/topic.cfm?cat=1231>).
- The systematic review of scientific evidence is an ongoing process.

- Evidence-based dietetics practice involves continuing evaluation of outcomes which becomes part of the evidence base.
- Evidence-based dietetics practice applies to individual clients, customers and communities.
- Evidence-Based Guidelines for dietetics practice are available at [www.adaevidencelibrary.com](http://www.adaevidencelibrary.com).

*American Dietetic Association Scope of Dietetics Practice Framework. Definition of Terms List.* [http://www.eatright.org/ada/files/Definition\\_of\\_Terms\\_ALL\\_06012009.pdf](http://www.eatright.org/ada/files/Definition_of_Terms_ALL_06012009.pdf)  
 Accessed: 10/14/09.

EBP is a common point of view, a common basis of our knowledge-and every day practice

Based on the last accurate available knowledge with a concern of available resources and their sustainable use practiced in the respect of patients or clients will respecting the "do not harm" principle **AND** : it necessitates "critical thinking" as well (Trostler et al. Top Clin Nutr 2008; 23: 278-291)

It is the dietetic practice based on the studies classified as high evidence studies. According to our classification system of evidence levels, it would correspond to levels Ia, Ib and IIa, as well as their corresponding recommendation grades: A1, A2 and B1:

- Level of evidence Ia = (Systematic review of randomized controlled trial (RCT) with statistic analysis or Meta-analysis of RCT) → Recommendation Grade A1: Recommendations with extremely unlikely variations along the time
- Level of Evidence Ib = (Systematic review of RCT without statistic analysis, Review of RCT and RCT with a sample of more than 100 subjects) → Recommendation Grade A2: Recommendations with unlikely variations along the time
- Level of Evidence IIb = (Systematic review of Prospective Cohort Studies, Meta-analysis of Prospective Cohort Studies) → Recommendation Grade B1: In case it is not possible to approve Ia or Ib study design, it can be considered this group as a A2 recommendation type.

Evidence-based dietetics practice is practicing dietetics based on the clinical evidence found from research and guidelines.

EBP means the practice done by well organized and defined process according to evidence based treatment guideline during MNT. EBP also has rational and objective treatment goals based on the treatment guideline.

Practice guidelines based on the results of controlled study reflecting regional differences of dietary habits or nutrient intakes.

I (this is me, not the Association) would define evidence-based dietetic practice as: "The appropriate application of critically appraised best research evidence to the unique and specialist role of Dietetics". This I feel summarises what we are looking at with "evidence-based dietetic practice", however, if you look at the definition as noted above (Sackett et al 2000), they have extended the application of the research evidence to include practice-based evidence which includes a degree of ethical application (patient values), therefore extending the scope of "evidence-based" from solely research evidence to research, practice and holistic evidence. These other aspects (practice and holistic evidence) are what is often lost during the practical application of evidence-based guidelines (which go on to form evidence-based practice) which often focus and rely predominantly on research evidence alone and dismiss or lose the focus on practical and holistic evidence. The reference given in the accompanying email, "Evidence-Based Practice (EBP) requires that decisions about health care are based on the best available, current, valid and relevant evidence. These decisions should be made by those receiving care, informed by the tacit and explicit knowledge of those providing care, within the context of available resources." focuses more on the research evidence and how best it can be applied (eg consent / resources). Internationally dietetics is a profession which is still governed by practice-based evidence rather than evidence-based practice due to the lack of key research in many areas (for a variety of reasons). This needs to be recognized in any work that continues after an international definition has been agreed upon. In response to these aspects I would therefore define evidence-based dietetic practice as ..."the appropriate application of systematically appraised research evidence, professional expertise and humanitarian / cultural values, and its application to the unique and specialist role of Dietetics". Evidence-Based dietetic practice could be defined, in my opinion, as the evaluation of the best available scientific evidence in dietetic practice, coupled with own expertise, in clinical as well as in public health fields.

A practice that bases its advice /prescription on strong scientific research, time tested authentic proofs (not heresay), and done by professionals trained to do so. The decisions should be made by those receiving care, informed by the absolute knowledge of those extending care, within the context of the available resources. This should be applicable to the practice of dietetics in all areas - clinical, community, preventive etc.

The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical experience with the best available clinical evidence from systematic research

Evidence based dietetic practice could be defined, in my opinion, as the evaluation of the best available scientific evidence in dietetic practice, coupled with own expertise, in clinical as well as public health fields.

6. **Why do you think it is important that an international definition of evidence-based dietetic practice be developed?**

It is important for dietitians to know what's the best available evidence on specific subjects so that the starting point of dietetic advice on that issue is the same for all dietitians, improving the quality of patient care.

An acceptable international definition of evidence-based dietetic practice will not only ensure uniformity of understanding of critical concepts; but, also, facilitate global dietetic best practices. To this end, evidence-based practice should drive dietetic decision-making rather than intuition or tradition.

We need to be speaking with a common voice given that we are a small profession.

Strengthen the profession Internationally. Provides leadership to developing dietetic practice. Internationally and for countries where National associations are not as well resourced or as well recognized. Provides mentorship of less developed countries/ dietetic associations

Evidence-based practice is seen as the standard in the medical field today. It is essential that evidence-based dietetics practice is implemented across the profession in order to promote quality care for patients, clients and communities. Developing an international definition is an important step in this process and in the promotion of dietetics as a vital part of the medical world.

It can improve the quality of our work. It can enhance the prestige of our profession. It can contribute to use our diploma all in the world.

Dietetics and nutrition concepts are very often usurped by non-specialists. In our opinion, dietitians must work together in a common direction to build scientific dietetics' knowledge. To do so, they must first have a definition of evidence-based dietetics practice so they may afterward build an international research agenda to develop the dietetics practice. The American Dietetic Association has invested heavily in developing EB guidelines. It's a great example of empowering dietitians around the world.

In the establishment of the evidence-based dietetic practice unified Definition it is necessary to unify the classification system of evidence levels, which will allow to use any evidence-based review made in different countries. It will certainly reduce the efforts that each country does to draw up those reviews and to establish the evidence-based practices.

I think it is important because we will all know what we are talking the same language and comparing the same when come to practices.

The international definition of evidence-based dietetic practice could make it easier to collect the data for verification of the dietetic practice's

effects. The dietitians can share information on each country. It can save money and time to develop.

To present the uniformed guidelines to practice nutritional therapy

Basic research findings in dietetics, or for that matter in any area of health care, around the world remains uniform. However it is the practical aspect (implementation) of these findings that could undergo variation according to local cultures, available resources etc. The presence of an international definition will bring about a consensus in developing national level guidelines. This remains an important factor in countries where dietetics department is still establishing roots.

To have a common language. To share experiences. To improve professional practice of dietitians. To contribute to a better nutritional status of populations.

Dietetics is a relatively small professional group compared to other health care professions. We are a profession that is continuously challenged by other health care and non-health care groups to encroach on our unique skills. This often threatens our standing within the healthcare arena and, more importantly, with public perception. In the modern health care environment monetary reimbursement is often sought for the application of our knowledge, and this is now challenging us to adopt evidence based practice to prove that our interventions and roles are maximizing health care dollars (pounds, yen, francs etc). An international definition would help to promote dietetics, give guidance to Associations who are seeking to develop evidence based guidelines / seek funding for development and assist in the production of international evidence based practice / guidelines. Internationally we can achieve more than individually and this is a critical place to begin as the future will only hold more emphasis on the role of evidence based practice.

To foster a common interpretation and understanding which is particularly important for publishing and international collaboration

**7. What do you think the barriers are to developing an international definition of evidence-based dietetic practice?**

From the Netherlands we expect less problems in participating in this working group and in developing an international definition. However, the succes of implementation of the international definition and implementation of evidence based dietetics in the Netherlands in the whole group of dieticians depends, among other things, on knowledge and skills (e.g. reading and judging scientific literature, statistics etc.) and the availability of time of individual dieticians.

We think that the most difficult issue will be to reach an agreement of what based-evidence means, in other words, to reach an international agreement of evidence-based studies classification. Nowadays, according to our review, there are more than 120 manners of classifying the studies on levels of evidence. This means that it is possible to do 120

different based-evidence reviews using the same studies. Unifying all these different systems will be a great effort.

Individuals have differing views on what constitutes 'evidence' depending on their values, beliefs and educational background.

Cultural difference. The difference of patients/clients characteristics among countries. The difference of patient/clients number per dietitians among countries (different working environment).

Lack of internet facilities for communication with peer groups. Lack of interest by some professional colleagues. Lack of funds by some members of working groups. Lack of passion for ones profession. Lack of empirical evidence

Resources. Differences in the way dietitians practise and/or their roles in various countries. Different methods of evaluating the evidence and / or translating it to dietetic practice.

At a global level, there may be some challenge due to the broad range of roles that the profession encompasses. At the detail level, there may be some challenges with agreeing on word meaning due to the potential language barriers.

Different level of education. Different recognition of dietetic profession. Different professional traditions and position on the labour market.

Different languages: the definition must be developed in a common language (English) and then translated by each association in the used language or languages. Distances: it is difficult to meet so the usual tools to build a definition must be adapted. The education level is not similar in all countries and expectations from our partners are different. EB is powerful, but demanding as well, and many dieticians are not ready to invest time and money in continuing education, which are however required.

In the establishment of the evidence-based dietetic practice unified definition it is necessary to unify the classification system of evidence levels, which will allow using any evidence-based review made in different countries. It will certainly reduce the efforts that each country does to draw up those reviews and to establish the evidence-based practices.

The barriers would be not all dietitians have protected time to do research to come out with evidence based practice.

Dietary cultural difference and the gaps that exist in the quality of health and nutritional care across racial, ethnic, and socioeconomic status

I do not foresee any major hurdles in the development of the definition. However roadblock could come up in the implementation of the definition, considering that there are followers of various streams of medicine in India.

Secondly while the definition can be international, (egg, the heart healthy diet will be low fat, low sodium etc.) what exactly we will do, will have to be spelt out (egg, we will give a cooking oil allowance, which is not done elsewhere.) Thirdly if we concur for an International definition we need to understand the viability to practice the same in our country. The Nutritive values (for micro-nutrients) of our foods itself is going to take a couple of years to be updated. We cannot manage at international definitions with the current database.

The differences between the activities and competences of Dietitians in the different countries. The differences between the university training of Dietitians in the different countries. The difficulties of working in network trough only web-based technologies.

The different stages various countries are at with the integration of evidence based practice. The availability of various countries to access research evidence etc (thinking of smaller, more rural communities). Translation of core concepts captured within the definition.

Differing national policies, and differences in dietetic roles internationally

**8. What steps do you think this working group needs to take to develop an international definition of evidence-based dietetic practice?**

The first step (already taken) of inventarisation is a very good starting point. Furthermore, we think it is important to look at the procedures of evidence-based practice in other disciplines; dieticians intensively work with (like physicians, nurses, physiotherapists, speech therapists, psychologists). What kind of definition do they use and how do they handle and implement the definition?

The steps you are taking already. Give enough time for countries to develop theirs through questionnaires etc.

Consider the issues raised in 7 above by everyone and then work though them. May need to first collate these responses more formally by ICD members.

First it will be important that all members of the working group have a basic understanding of evidence-based practice and its importance. During the definition development, input from every country or working group member is essential so that all are contributing and invested. Further, a review process wherein working group members get input from other members of their organizations regarding the definition is important for obtaining feedback and making additional revisions. Lastly, guidance on dissemination strategies for the finalized definition will be crucial.

Clear statement of what EBP means. A description of the minimum skill set required to practice in an evidence-based way.

- Define the detailed criteria :
- - a questioning approach to practice leading to scientific experimentation

- - meticulous observation, enumeration, and analysis replacing anecdotal case description
- - recording and cataloguing the evidence for systematic retrieval

1. Collect the existing documents and definition: literature, association, university, members of the working group
2. Collect the ideas about definition of evidence based dietetics practice among the working group
3. Retrieve from it the concepts that could appear in the definition (*project coordinators*)
4. Quote the concepts: from the most important to the less important and define the one that shouldn't appear (*working group : implication of national experts - wide group if possible*)
5. Propose a definition based on the result (*project coordinators*)
6. Validate these definitions among working group (*implication of national experts - wide group if possible*)
7. Organize the translation of the definition
8. Publish the project

Use an existing base could be helpful (ADA for example). We suggest avoiding a time consuming process, as there are already definitions available, saving resources for the development of EB guidelines should be taken into account.

1. Previous definition of what evidence-based practice means.
2. To define what based-evidence studies classification means.
3. To create a step-by-step system related to how to carry on an evidence-based review adapted to dietitians' theoretical knowledge (mainly in statistics).
4. To establish a unified classification system of evidence levels and the best evidence levels to take out the strongest recommendations.
5. To define what evidence-based practice means, including the studies classification levels. From these, we will establish strong recommendations.

- 1) Assess current practice in each country.
- 2) Assess the necessity of EBP and set the aim of EBP
- 3) Collect the scientific evidence on dietetic practice.
- 4) Formulate the international definition of evidence-based dietetic practice.
- 5) Apply it in working sites and evaluate it.

To get some information about the quality of health and nutritional care across racial, ethnic, and socioeconomic status.

The criteria for identifying scientific data required to define evidence based practices to be laid down. Guidelines to be developed for having a standardized check list / feed back from those who receive dietetic care. Members of the working group needs to collate the practical experience of dietetics practices in the respective countries.

1. Collect data from the representatives of the countries
2. Analyze data trying to find a common language and shared definitions
3. Share with all the countries the data, asking for suggestions and purposes
4. Trying to define evidence based dietetics through the analysis of what is actually done
5. Define international standards of dietetic practice

Look at the common threads that Dietitians on this working party have given when defining evidence based dietetic practice.

Look at how each country that is represented can access the core skills or factors that enable the integration of evidence based practice.

Agree on wording!

Agree on application and consequences of the definition.

This scoping is the first stage; some definitions may need updating in light of recent advances in practice and national drivers.

First look into individual countries' dietitians research done and then encourage more research among dietitians.

To get some information about the quality of health and nutritional care across racial, ethnic and socioeconomic status.

Assess current practice in each country. Assess the necessity of EBP and set the aim of EBP. Collect the scientific evidence on dietetic practice. Formulate the international definition of evidence-based dietetic practice. Apply it in working sites and evaluate it.

## **Appendix V**

### **Minutes of the ICDA Working Group: International Definition of “Evidence-based Practice”**

**February 18<sup>th</sup>, 2010 1500GMT**

#### **Participants:**

Latha Sashi	India
Atta Rehman	Pakistan
Corinne Jotterand	Switzerland
Elizabeth Ngwu	Nigeria
Ludivine Soguel	Switzerland (joined by Jocelyne Depeyre and Corinne Jotterand)
Sandra Beijer	Netherlands
Izabella Henter	Hungary
Ijeoma Nwokejobi	Nigeria
Chow Pek Yee	Singapore
Debbie MacLellan	Canada
Jayne Thirsk	Canada

#### **Regrets:**

Maria Manera and Eduard Baladia sent their regrets but also provided feedback and comments which have been recorded in the minutes below.

**Feb 18<sup>th</sup>, 2300 GMT**

#### **Participants:**

Laura Stewart	UK
Clare Collins	Australia
Susan Ash	Australia
Younyun Cho	S Korea
Kari Kren	USA
Jessie Pavlinac	USA
Debbie MacLellan	Canada
Jayne Thirsk	Canada

#### **Regrets:**

Katrina Pace	New Zealand
Ersilia Troiano	Italy
Kathleen Niedert	USA (available but we were unable to link her into the call ☹)
Judith Bauer	Australia
Wongyoung Kim	S Korea

#### **Welcome and introductions**

Co-Chairs Jayne Thirsk and Debbie MacLellan welcomed everyone and thanked them for their participation in the call and their contributions to the working group thus far.

A round table of introductions followed.

#### **Processes**

As many of us are new to using SKYPE, participants were encouraged to speak slowly and pause between comments as there are slight time delays which could lead us to speak overtop of each other. Participants were encouraged to use the type-in box on the screen to share comments and questions.

### **Terms of Reference**

The terms of reference were reviewed with no comments or concerns being identified.

### **Review of Feedback from Survey**

Debbie discussed the summary of the Working Group survey that was conducted in November, 2009. Feedback was received from 14 of the 16 countries participating on the working group.

### **Discussion**

Concern that members don't understand or appreciate the importance of evidence-based dietetic practice. In addition to the definition, we will need to communicate WHY the definition is important. This may be an important step to move the profession as a whole along in terms of evidence-based practice.

Capacity of dietitians to do the work required is an ongoing issue in some countries.

Some feel that appropriate definitions exist and we should focus our efforts on a plan to implement them.

Definitions should include recognition of clinical expertise and scientific evidence

There was support for "combination of clinical judgment and expertise of a dietitian based on research and best available scientific evidence"

Tools to support adoption will be an important part of our work. One suggestion was for ICDA to consider creating an "Evidence-based practice newsletter" for global circulation. (This could be one of the recommendations arising from our work). Increasing awareness of the value of evidence-based practice to our profession will be an important part of our work.

Creating a definition that all countries can agree to (even if it is one that already exists) is an important first step. Creating implementation plans at the individual country level will be the responsibility of each member country. Examples of how to translate the definition into practice and templates to assist with implementation plans would be valued.

### **Next Steps**

There was support for the next steps as described in the survey summary. Existing definitions will be used as a place to start as there was acknowledgement that we currently have a good representation of definitions. We will also examine those prepared for other health disciplines. There was support for using a Delphi process to gather feedback and build consensus on the important components of the definition. This will be conducted by email with the members of the working group.

A Delphi survey is often used to reach group consensus on an issue when it is difficult to meet in a face to face meeting. It involves a series of structured questionnaires which are completed by a group of 'experts.' In the first round of a Delphi survey, participants are given the opportunity to respond to a questionnaire. The results of this questionnaire are compiled and then sent back to the expert panel for more comments and discussion. This process is continued until consensus is reached. In our case, we will continue until the working group agrees on a draft definition of evidence-based dietetic practice.

Once the working group agrees on the components of the definition, member associations will be consulted in order to validate the definition. Another SKYPE call may be required to develop the consultation process.

Tools to increase awareness by dietitians of the value and importance of evidence-based dietetic practice as well as recommendations for ways to promote the adoption of evidence-based practice will be part of what the working group will create.

### **Feedback**

Those able to join the call by SKYPE were unanimous in support of using it again for future meetings of the working group. Jayne and Debbie will also gather feedback from those not on the call regarding utility of SKYPE for future calls.

## **Appendix VI**

### **ICDA Newsletter Article:**

### **Improving Nutrition Around the World Through Evidence-based Dietetic Practice**

In 2000, the International Confederation of Dietetic Associations (ICDA) was created with a mandate to enhance the image of the dietetic profession around the world through increased awareness of standards of education, training and dietetic practice. To that end, ICDA has created a definition of Dietitian, standards for the education of dietitians, a code of ethics, and a code of good practice in nutrition and dietetics. During this same period of time, there has been an overwhelming call for all health disciplines to adopt evidence-based approaches in the care they deliver. Several of the statements in the International Confederation of Dietetic Association's Codes of Ethics and Good Practice speak to the need to ground dietetic practice in evidence:

- “Develop practice based on evidence
- Interpret, apply, participate in or generate research to enhance practice
- Competently apply the knowledge of nutrition and dietetics and integrate this knowledge with other disciplines in health and social sciences
- Systematically evaluate the quality of practice and revise practice on the basis of this feedback
- Provide services based on the expectation and needs of the community or client”

From: 2008 International Code of Ethics and Code of Good Practice

Thus it was a natural next step for the ICD Board to commission a working group to create an international definition of evidence-based dietetic practice in June of 2009. This definition will be developed by expert representatives from national dietetic associations around the world, validated with members of these national dietetic associations and promoted by ICDA as a component of its standard of good practice in dietetics.

Currently, 32 volunteers have come forward from more than 15 countries to lend their expertise to the task. They bring knowledge of the many roles that dietitians may have around the world and the many kinds of evidence that dietitians use every day in their practices. The working group's goal is to create a broad definition of evidence-based dietetic practice in order to meet the needs of all dietitians, regardless of practice area. The working group is being chaired by two member representatives from Dietitians of Canada. Our first step was to survey working group members about existing definitions, and how they were developed and are currently used. We learned that five countries have developed or adopted a definition of evidence-based dietetic practice. These definitions were either borrowed from other definitions or a process was followed

whereby a search of existing definitions was completed; member input was then sought and the most suitable definition was adopted. These definitions of evidence-based dietetic practice are used:

- to improve patient care
- to evaluate the dietetic process
- to develop best practice guidelines
- to guide dietetic practice (code of conduct, scope of practice)

When the working group was asked: Why do you think it is important that an international definition of evidence-based dietetic practice be developed? They responded:

- To have a common language.
- To share experiences.
- To improve professional practice of dietitians.
- To make it easier to collect data on the impact of dietetic practice.
- To empower dietitians around the world.
- To enhance the prestige of our profession.

The working group will build its recommended definition through consensus means. Member national dietetic associations will be consulted at least once during the process. A final definition will be presented to the ICDA Board in January of 2012, followed by final review and approval by official representatives at the ICDA annual meeting in Sydney Australia September 2012.

Submitted by  
Debbie MacLellan  
Jayne Thirsk

## Appendix VII First Round Delphi Questionnaire

Dear ICDA Evidence-based Practice Working Group,

At our teleconference in February, we agreed to conduct a delphi survey with working group members to gain consensus around a definition of evidence-based dietetic practice. The attached questionnaire has been developed using components of definitions from the literature as well as ideas and suggestions from the working group survey conducted last fall.

The first round of a reactive delphi involves a list of potential components of a definition gained from the literature. Participants are asked to remove any items that they do not feel should be included in the definition and to add any items that they feel have been omitted.

There are 35 statements related to evidence-based dietetic practice in the questionnaire. Please read each statement and indicate either **Yes** (you agree that the statement should be included in the definition of evidence-based dietetic practice) or **No** (you think that the concepts included in the statement are not necessary as part of the definition). Do not be alarmed that some of the components appear similar to each other. There is a section for you to provide comments under each statement. Please use this space to provide a rationale for your choice or to identify parts of the statement that are unclear.

At the end of the questionnaire you will be asked to identify any components of the definition of evidence-based dietetic practice that you think are missing from the list of statements provided.

Please mail, fax, or email (as a WORD or PDF attachment) to:

Debbie MacLellan  
Department of Family and Nutritional Sciences  
University of Prince Edward Island  
550 University Avenue  
Charlottetown, PEI  
CANADA  
C1A4P2  
902-628-4367 (fax)  
[maclellan@upei.ca](mailto:maclellan@upei.ca)

**Please return by MAY 14<sup>th</sup>, 2010.**

Based on the results of this first round survey, we will develop a second round questionnaire which will ask you to **rank** the components of the definition of evidence-based dietetic practice that you think should be included.

Thank you for your ongoing support for this valuable project.

Debbie MacLellan & Jayne Thirsk  
Co-Chairs  
ICDA Evidence-based Dietetic Practice Working Group.

Component #1	YES	NO
--------------	-----	----

<b><i>Evidence-based dietetic practice:</i></b>		
uses research evidence together with clinical knowledge and reasoning to make decisions about interventions that are effective for a specific client(s)		
Comment:		
Component #2 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
is about asking questions and finding, appraising, and using contemporaneous research findings as the basis for clinical decision		
Comment:		
Component #3 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
is unique to the specialist role of a dietitian		
Comment:		
Component #4 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
involves levels of evidence		
Comment:		
Component #5 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
involves the ability to evaluate and critically appraise the literature		
Comment:		
Component #6 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
applies to individual clients, customers and communities		
Comment:		
Component #7 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
is used to make food and nutrition practice decisions to improve outcomes		
Comment:		

Component #8 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
involves a combination of clinical judgment and expertise of a dietitian based on research and best available scientific evidence		
Comment:		
Component #9 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
involves a combination of scientific literature with professional knowledge and the individual situation of the patient		
Comment:		
Component #10 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
involves the ability to assess the validity, applicability and importance of evidence before applying it to day-to-day clinical problems		
Comment:		
Component #11 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
requires that decisions about health care are based on the best available, current, valid and relevant evidence		
Comment:		
Component #12 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
involves the conscientious, explicit and judicious use of current best evidence from systematic research, available resources and patient's or community's unique values and circumstances		
Comment:		
Component #13 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
is an approach to health care wherein health practitioners use the best evidence possible, i.e., the most appropriate information available, to make decisions for individual patients		
Comment:		

Component #14 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
involves complex and conscientious decision-making based not only on the available evidence but also on client characteristics, situations and preferences		
Comment:		
Component #15 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
is an effort to combine the best available evidence gathered from a systematic search with an individual's clinical expertise to make patient care decisions		
Comment:		
Component #16 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
may include or be influenced by qualitative and observational research findings		
Comment:		
Component #17 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
considers the patient's or community's values		
Comment:		
Component #18 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
considers the environment in which the care or service is provided including available resources		
Comment:		
Component #19 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
requires the dietitian to reflect on how their own perspectives or biases may influence the interpretation of evidence		
Comment:		
Component #20 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
involves the ability to systematically find evidence		

Comment:		
Component #21 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
includes decisions made in food service, program planning and policy in addition to clinical care		
Comment:		
Component #22 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
integrates knowledge from other disciplines		
Comment:		
Component #23 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
provides prudent practice guidance in situations where evidence is conflictual or absent		
Comment:		
Component #24 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
involves the systematic evaluation of dietetic practice		
Comment:		
Component #25 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
incorporates "best practices" to achieve desired patient or community outcomes		
Comment:		
Component #26 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
involves the dietitian understanding not only what worked in achieving the desired outcome but how and why it worked		
Comment:		
Component #27 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO

includes the “art” of translating science into actionable steps		
Comment:		
Component #28 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
requires that decisions should be made by those receiving care, informed by the tacit and explicit knowledge of those providing care		
Comment:		
Component #29 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
incorporates the ethical principles of the dietetic profession		
Comment:		
Component #30 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
considers harms and benefits of a service or intervention		
Comment:		
Component #31 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
considers the impact on health care costs of a particular service or intervention		
Comment:		
Component #32 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
identifies barriers to providing evidence-based care		
Comment:		
Component #33 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
utilizes unbiased sources of evidence		
Comment:		
Component #34 <b><i>Evidence-based dietetic practice:</i></b>	YES	NO
ensures client or recipient of service is aware of conflicting evidence		

Comment:		
Component #35	YES	NO
<i>Evidence-based dietetic practice:</i>		
explicitly states source of evidence underpinning practice		
Comment:		

Please identify any components you think are missing from the list above

**References** (this is not a complete list)

Dawes, M., Summerskill, W., Glasziou, P., Cartabellotta, A., Martin, J., Hopayian, K., Porzsolt, F., Burls, A., Osborne, J. Sicily statement on evidence-based practice. BMC Medical Education 2005, 5:1 doi:10.1186/1472-69.

Law, M. & Baum, C. (1998). Evidence-based occupational therapy. Canadian Journal of Occupational Therapy, 65(3), 131-135.

Oxman, A., Sackett, D, Guyatt, G. Users' guides to the medical literature. I. How to get started. The Evidence-Based Medicine Working Group. JAMA, 1993, 270:2093-2095.

Rosenberg, W., & Donald, A. (1995). Evidence-based medicine: An approach to clinical problem solving. British Medical Journal, 310(6987), 1122-1126.

Sackett, D., Strauss, S., Richardson, W., Rosenberg, W., Haynes, R., Evidence-based medicine: How to practice and teach EBM. 2nd ed. New York: Churchill Livingstone, 2000.

American Dietetic Association Evidence-Based Practice Backgrounder

Nancy Dubois and Tricia Wilkerson(2009) Knowledge Management: Background Paper for the Development of a Knowledge Management Strategy for Public Health in Canada

Salmond SW. (2007) Advancing Evidence-Based Practice: A Primer Orthopaedic Nursing 26:2;114

The Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), Social Science Research Unit at the Institute of Education, University of London.

Best Practices Portal for Health Promotion and Chronic Disease Prevention, CBPI Working Group, Public Health Agency of Canada (2008).

American Dietetic Association Scope of Dietetics Practice Framework. Definition of Terms List.

Evidence-based Medicine Working Group. Evidence-based medicine. A new approach to teaching the practice of medicine. JAMA 1992;268:2420-5.

Denzin NK. The elephant in the living room: or extending the conversation about the politics of evidence. Qualitative Research 2009; 9; 139.

## Appendix VIII Round Two Delphi Questionnaire

### Part One – Introduction/preamble to definition

The following components were identified as being important to consider in evidence-based dietetic practice but were thought to be more appropriately discussed in an introductory piece or preamble to our definition.

Please indicate (Yes/No) if you agree that these components should be included in our **introduction/preamble** and provide any relevant comments. If you think that any of these components should be included in the definition, please indicate that in your comments.

#### **Evidence-based dietetic practice:**

1. Is unique to the specialist role of a dietitian YES NO

#### **Comments:**

2. Applies to individual clients, customers and Communities YES NO

#### **Comments:**

3. Requires the dietitian to reflect on how their own perspectives or biases may influence the interpretation of evidence YES NO

#### **Comments:**

4. Integrates knowledge from other disciplines YES NO

#### **Comments:**

5. Provides prudent practice guidance in situations where evidence is conflicting or absent. YES NO

#### **Comments:**

6. Is informed by the ethical principles of the dietetic profession. YES NO

**Comments:**

7. Identifies barriers to providing evidence-based care. YES NO

**Comments:**

8. Ensures client or recipient of service is aware of conflicting evidence. YES NO

**Comments:**

9. Explicitly states source of evidence underpinning practice. YES NO

**Comments:**

10. Requires that the decisions should be made by those receiving care. YES NO

**Comments:**

Part Two – Ranking of components of the definition

Please rank the following proposed components of our definition of evidence-based dietetic practice from one (1) through twenty-two (22) with one being the most important component to include. Note any comments in the comment box.

Component #1 <b><i>Evidence-based dietetic practice:</i></b>	Ranking
Uses research evidence together with clinical expertise and judgment	
Comment:	
Component #2 <b><i>Evidence-based dietetic practice:</i></b>	Ranking
Is about asking questions and systematically finding and using the best available research evidence	
Comment:	
Component #3 <b><i>Evidence-based dietetic practice:</i></b>	Ranking
Involves levels of evidence	
Comment:	

Component #4 <i>Evidence-based dietetic practice:</i>	Ranking
Involves the ability to evaluate and critically appraise the literature	
Comment:	
Component #5 <i>Evidence-based dietetic practice:</i>	Ranking
Is the basis for clinical decision making	
Comment:	
Component #6 <i>Evidence-based dietetic practice:</i>	Ranking
Is used to make decisions in all areas of dietetic practice to improve health outcomes	
Comment:	
Component #7 <i>Evidence-based dietetic practice:</i>	Ranking
Involves the ability to assess the validity, applicability and importance of evidence before applying it to day-to-day clinical problems	
Comment	
Component #8 <i>Evidence-based dietetic practice:</i>	Ranking
Requires the decisions about health care are based on the best available, current, valid and relevant evidence.	
Comment:	
Component #9 <i>Evidence-based dietetic practice:</i>	Ranking
Involves the conscientious, explicit and judicious use of current best evidence from systematic research, available resources, and the patient's or community's unique values	

and circumstances.	
Comment:	
Component #10 <i>Evidence-based dietetic practice:</i>	Ranking
Is an approach to health care wherein health practitioners use the best evidence possible to make decisions for individual patients	
Comment:	
Component #11 <i>Evidence-based dietetic practice:</i>	Ranking
Is an effort to combine the best available evidence gathered from a systematic search with an individual's clinical expertise to make patient care decisions.	
Comment:	
Component #12 <i>Evidence-based dietetic practice:</i>	Ranking
May include or be influenced by qualitative and observational research findings.	
Comment:	
Component #13 <i>Evidence-based dietetic practice:</i>	Ranking
Considers the patient's or community's values	
Comment:	
Component #14 <i>Evidence-based dietetic practice:</i>	Ranking

Considers the environment in which the care or service is provided including available resources	
Comment:	
Component #15 <i>Evidence-based dietetic practice:</i>	Ranking
Involves the systematic evaluation of dietetic practice	
Comment:	
Component #16 <i>Evidence-based dietetic practice:</i>	Ranking
Incorporates "best practices" to achieve desired patient outcomes	
Comment:	
Component #17 <i>Evidence-based dietetic practice:</i>	Ranking
Involves the dietitian understanding not only what worked in achieving the desired outcome but how and why it worked.	
Comment:	
Component #18 <i>Evidence-based dietetic practice:</i>	Ranking
Includes the "art" of translating science into actionable steps	
Comment:	
Component #19 <i>Evidence-based dietetic practice:</i>	Ranking
Considers harms and benefits of a service or intervention.	
Comment:	
Component #20 <i>Evidence-based dietetic practice:</i>	Ranking
Involves continuing evaluation of outcomes which	

becomes part of the evidence base.	
Comment:	
Component #21 <i>Evidence-based dietetic practice:</i>	Ranking
Promotes the achievement of expected outcomes	
Comment:	
Component #22 <i>Evidence-based dietetic practice:</i>	Ranking
Reduces variations in care	
Comment:	

## **Appendix IX**

### **Briefing Note to ICD Board of Directors**

To: Board of Directors, International Confederation of Dietetic Associations

Briefing note for the ICDA Board of directors Meeting November 12-14, 2010

From: Dietitians of Canada, lead organization for development of an international definition of evidence-based dietetic practice.

#### **Background:**

As requested by the ICDA Board of Directors, Dietitians of Canada representatives, Dr Jayne Thirsk and Dr Debbie MacLellan, collaborated with representatives of any ICDA Member Association that expressed interest in the Evidence-based Dietetic Practice initiative. All official Representatives received the invitation to participate, and in total, 16 countries were represented on the working group. Some countries identified more than one participant, and in total 33 individuals participated in one or more stages of the Delphi process. In addition to the request for input using a Delphi process 2 conference calls were used to review the input and analysis. After two rounds of a Delphi process very good consensus was achieved around terminology and a preamble and definition is proposed as follows:

Preamble or Introduction

*Evidence-based dietetic practice is used to make decisions in all areas of dietetic practice to improve health outcomes in individual clients, communities and populations.*

*Evidence-based dietetic practice clearly states the source of evidence underpinning practice recommendations. To be relevant and effective, evidence-based dietetic practice must integrate knowledge of other disciplines.*

*Evidence-based dietetic practice is informed by ethical principles of dietetic practice and codes of good practice <link to ICDA docs>. This includes reflection on how a dietitian's own perspectives or biases may influence the interpretation of evidence.*

#### Definition

***Evidence-based dietetic practice*** is about asking questions, systematically finding research evidence, and assessing the validity, applicability and importance of that evidence. This evidence-based information is then combined with the dietitian's expertise and judgment and the client's or community's unique values and circumstances to guide decision-making in dietetics.

The Working Group as a whole has been asked to sign off on the Definition and the Introductory Statements. The due date for a response was set at November 1.

### **Guidance requested from the ICDA Board of Directors**

*Q: Does the ICDA Board want the working group to survey/poll official Representatives to validate the definition and introductory statements? Alternatively, does the ICDA Board want the working group to survey/poll official Representatives to obtain formal approval from ICDA Members?*

A brief survey might be useful for official Representatives to use to consult with their Association/Board. The Working Group Co-Chairs have suggested a simple set of questions for a survey.

#### **Sample Survey for each NDA to complete**

##### **1. a. Proposed definition of Evidence-based Dietetic Practice:**

In your opinion, this definition could be used to describe evidence-based dietetic practice around the world [or, by your association]?

**5=Agree 4 3 2 1=Disagree**

##### **1. b. Comments**

##### **2. a. Proposed introductory statements:**

In your opinion, the proposed introductory statements provide important context for the definition of evidence-based dietetic practice.

**5=Agree 4 3 2 1=Disagree**

## **2. b. Comments**

*Q: If the survey approach is appropriate, are the questions correct? For example, should the wording be more specific such as 'could the definition be used to describe evidence-based dietetic practice by your association'?*

*Q: Is another process to be used for obtaining agreement of ICDA Members on the international definition and introductory statements?*

*Q: Is the ICDA Board expecting any other material to be prepared? Are there plans for professional development related to the international definition of Evidence-based Dietetic Practice at ICD 2012 and/or on the ICDA web site?*

## **Record of Board direction to the Working Group**

## **Record of Board decisions pertaining to Board action**