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SOP/COE Reflection

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Selecting a particular focus area is extremely diHicult for me because I want to encompass many fields into one, focusing on Post-Acute and Long-Term Care (PALTC). However, I do not agree with the current standards of the healthcare system's approach to care. I want to incorporate health and nutrition well before a patient requires such interventions, and instead of working with clients in their mid-to late 60s, I want to work with patients in their mid-to late 40s and ensure they are metaphorically running into their 60s. In this discussion, I will refer to patients of older age rather than those with disabling injuries who fall into the same category, as most of the interventions they face could have been mitigated if preventive treatments were provided earlier in life.1 For this discussion post, I will stay within the parameters of PALTC, which is the continuum of care provided in a community-based setting that could include long-term care hospitals, skilled nursing facilities, rehabilitation facilities, hospice, correctional facilities, and similar settings.1 The reason I hold this area with deep passion is that, with the rise in the elderly population and the significant increase in chronic and metabolic diseases, there is a growing storm of disease and dysfunction that, in most cases, is merely treated. I became deeply passionate about this area from my time overseas in many countries, where I noticed the diHerences between our retirement homes and long-term care facilities and those in other countries.

From the movement goals, nutrition, and community they had in those countries, their facilities aligned with what we aspire to on paper here, but what you see in our facilities is drastically diHerent from what is supposed to happen. From these experiences and working with many dietitians, I came to embrace the idea mentioned above, focusing on preventing these degenerative conditions from occurring as frequently and, if they do occur, not merely treating but healing and preventing other conditions from arising.

The current Standards of Practice for PALTC RDNs comprise numerous standards, but four that stand out are Nutrition Assessment, Nutrition Diagnosis, Nutrition Intervention/Plan of Care, and Nutrition Monitoring and Evaluation. The first standard involves an accurate patient history, an anthropometric assessment, evaluation of laboratory results, a nutrition-focused physical examination (NFPE), assessment of physical activity habits, and collection of information on medications or supplements, along with the patient's beliefs or knowledge of nutrition and wellness. The second standard is the nutrition diagnosis phase, where, by evaluating all the above data and engaging in further communication with the patient, a nutritional diagnosis can be made, if applicable, and the severity and potential interventions prioritized. However, communication with patients, family members, or other healthcare professionals must be continuous, and proper documentation is essential. Standard 3 is the nutrition intervention or plan of care itself, where, in collaboration with the patient or others, a specific nutrition intervention is defined that prioritizes the patient's health and wellness. Implementing the intervention, while still actively communicating with the relevant parties to collect data, revise the care plan, and continue treatment if necessary, is critical. Finally, the fourth standard is nutrition

monitoring and evaluation to ensure that all data related to the patient's care plan show progress and to assess whether the care plan should be altered or revised in any way. The results should demonstrate improvement, but, more importantly, the care and results must be centered on the patient's goals and preferences, while utilizing cost-eHective healthcare
outcomes.1

The Standards of Professional Performance include Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. Quality in Practice involves performance indicators using the (S.M.A.R.T.) framework, establishing and updating performance improvements specific to the program, and ensuring data demonstrate the eHectiveness of the actions and collaboration with other team members.1 Competence and Accountability require that your practice reflects the Code of Ethics (COE), incorporates evidence-based practices, and demonstrates successful interactions with individuals or groups from diverse cultures and backgrounds, with thorough documentation throughout the process. It is also critical to conduct selfevaluations and pursue relevant opportunities, such as training or credentials. Standard 3, Provision of Services, requires that the program or service design reflect the organization's mission and values, while ensuring that customer-centered needs are met, appropriate screening and referrals are conducted, and ethical and transparent financial and billing practices are used in each role and setting. Most importantly, in my opinion, the customer must be satisfied with the services and products provided.

The fourth standard emphasizes that evidence-based practices must be integrated with customer values when delivering nutrition and dietetic services, ensuring customers receive appropriate services based on current and best research. However, the fifth standard is less straightforward, requiring the RDN to demonstrate expertise in food, nutrition, dietetics, and management that can be eHectively shared with customers and peers. This also involves appropriate and eHective communication through email, SMS, and social media tools, while the RDN should also exhibit leadership through professional and community involvement. Finally, the sixth standard is the utilization and management of resources through documentation and eHective data use to promote, improve, and validate services and influence public policy. The RDN should also identify and document key performance indicators aligned with the organization's goals, ensuring all desired outcomes are achieved, documented, and disseminated.1

The Code of Ethics plays an immense role in the focus area of nutrition because this specific population is very vulnerable. Unfortunately, most diseases that aHect this community are not biased and impact most cultures and backgrounds, which is critical to consider when practicing evidence-based and patient-centered care. Promoting active communication and enhancing health literacy are fundamental when caring for this population, not only for treatment but also for supporting self-care. Competence and professionalism are essential when working within the patient's care team to ensure all needs are met, and active communication within the team is maintained, with the patient actively engaged. 2 The final aspect is the most important because it extends beyond healthcare and the patient, reaching into the communities and families of this population

to promote health and wellness for everyone. It is the responsibility of everyone, but in this case, the RDN, who holds the knowledge, to collaborate with others to advocate for health and wellness and reduce health disparities within this community.2 As I mentioned at the outset, it is essential not to provide care only at this stage of life but much earlier to promote health and wellness well into old age and minimize the healthcare needed, except for acute conditions that may arise.

References

1.Robinson GE, Cryst S. Academy of Nutrition and Dietetics: Revised 2018 standards of Practice and standards of professional performance for registered dietitian nutritionists (competent, proficient, and expert) in post-acute and long-term care nutrition. *Journal of the Academy of Nutrition and Dietetics*. 2018;118(9). doi:10.1016/j.jand.2018.06.007

2. Academy of Nutrition and Dietetics, Commission on Dietetic Registration. Code of ethics for

the nutrition and dietetics profession. eatright.org. June 1, 2018. Accessed August 6, 2024. https://www.eatright.org/

Reflection

Throughout reviewing the required readings for the SOP and COE in the field of PostAcute and Long-Term Care, I learned many new ideas and terms of which I was previously unaware. To start, I was not aware that the field had moved away from the term "geriatric", but I think this is for the better. I believe this because, within the field, I am more focused on the prevention of this type of care in the older population, but it also encompasses aftercare for acute conditions, which was not previously included under "geriatric". Before delving into the discussion, I ensured that I conveyed my point of view on how we currently approach this field and how we should approach it in the future. The most significant takeaway from the patient-centered care portion was the realization that one of the largest sectors in this field is within the prison system. I would have never thought that the increasing length of incarceration has led to a significant need for care for inmates over a certain age is astounding. Regardless of the setting the individual is in, the care remains relatively consistent, with minor adjustments for the person's condition. I appreciate that this field requires incorporating most of the dietetic skill set but for a specific population, as, unfortunately, with age, disease does not diminish but increases. I enjoyed the discussion surrounding this post and others because it highlighted that most of us in this class have been aHected by or have had a family member aHected by a disease or

condition treated in one of these fields. Another aspect of my readings was related to the Code of Ethics, and I was unaware that, as part of this field, you must provide care to the population and actively work with the communities and surrounding population to promote health and wellness. I think this should be promoted more because, growing up in Illinois, I rarely understood the benefits of nutrition and wellness until I left the region. Through reading and commenting in the discussion forum, we all learned new insights about each other's purpose in the field and the passion driving their pursuit of this path. As I learn more about the foundations of nutrition, I will be able to parse the information and actively integrate it into my field and apply it to my clients once I graduate.