



Welcome to the 6th DIETS Thematic Network Newsletter.

The 6th DIETS Thematic Network Newsletter focuses on the 2nd DIETS Conference, held on 25th and 26th September 2008 in Frankfurt, Germany.

The central theme of the Conference was quality in placement learning and brought together 105 campus-based Dietitian educators and practice placement Dietitian trainers from across Europe.

Asking questions about what 'quality' is and how we ensure a quality service is vital for students, their academic lecturers and practice placement trainers, and for patients/clients. The Conference provided an opportunity to present information about the activities of the Network partners. Discussion of such areas as quality, assessment and the educational needs of students and those who supervise them on placement was lively and informative. The results of the European dietetic competency consultation were presented and provoked lively debate.

Each session was followed by an interactive workshop, which using consensus methodology, determined important indicators of best practice in dietetic education, valuable preparations for placement learning and useful methods to achieve the best from practice placement learning. The final four workshops concentrated on a number of controversial issues including 'Dietitians as a brand - what public relations do we need?', 'Identifying new opportunities for European dietitians through active participation in the development of EU directives', 'Where will dietitians be working in 10 years time?' and 'What is dietetic (practice) research?'

The Conference was brought to a conclusion by an entertaining and informative presentation addressing the complexity of predicting the effect of specific foods on energy balance by Professor Arne Astrup, Head of Department of Human Nutrition, Faculty of Life Sciences, University of Copenhagen, Denmark.

Twenty-three original poster presentations were displayed throughout the Conference with authors present to discuss their study findings and answer questions during coffee and meal breaks.

We hope that this edition of the DIETS newsletter will provide valuable information for all of us engaged in training dietetic students across Europe. Abstracts and full presentations of each topic are available on the DIETS website, so do check these out. To reiterate the words of Isaac Newton as quoted by Professor Astrup 'What we know is a drop, what we don't know is an ocean'.

Best wishes,
Dissemination Group, DIETS Thematic Network for Dietetics.

A	SESSION 1 – Standards for Dietetic Education Across Europe	 Photo Album 
B	SESSION 2 – Preparation for Practice Placement Learning	
C	SESSION 3 – Preparation for Teachers in the Placement	
D	SESSION 4 – Dietitians in Europe	
E	Complexity of Predicting the Effect of Specific Foods on Energy Balance	
F	Interview with Professor Arne Astrup about the growing problem of obesity	
G	DIETS workshops	
H	The experience of leading a workshop in a foreign language at the 2nd DIETS Conference	



Socrates

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DIETS
newsletter

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A SESSION 1 – Standards for Dietetic Education across Europe

Session 1 commenced with Professor Anne de Looy, the DIETS Network Co-ordinator and Professor of Dietetics, University of Plymouth, UK, welcoming all delegates and giving a brief summary of the history of the DIETS Thematic Network (TN). The TN developed in 2006 following the publication of the European Federation of the Associations of Dietitians (EFAD) European Academic and Practitioner Standards for Dietetics and a successful bid to the European Union for funding to establish a TN for dietetics education. It now has 120 partners in 30 countries. The focus of DIETS is the practice placement element of dietetics programmes. This is an essential element towards qualification as a dietitian. Anne followed her welcome by a stimulating presentation on reflection and life long learning. Reflection is the “deliberate thinking about an action (or an experience) with a view to its improvement” (Hatton & Smith, 1995). The ‘experience’ needs to be interpreted and integrated to produce new or expanded knowledge and understanding. By doing so, growth within student and professional practice is facilitated.

Dr Elke Naumann, Chair of the DIETS Education and Practice Group (EPG) and Dietetics Course Director, Han University, The Netherlands, next presented an overview of ‘Dietetic Education in Europe: What does it look like in 2008?’. The data presented had been gathered using an online education mapping questionnaire developed by the DIETS EPG. Seventy higher education institute (HEI) partners of DIETS were asked to complete the questionnaire and 35 (50% response) did so. The results show that many HEIs in Europe have dietetics programmes below the 210 ECTS benchmark recommended by EFAD. Although 33 programmes include practice placement learning, large differences in the length of placement exist. Students are predominantly assessed on practice placement by a placement supervisor which most HEIs require students to pass before qualification. Few HEIs provide training for placement supervisors or define requirements for the placement centres although most visit students on practice placement. Capacity for applying knowledge in practice, basic general knowledge of the field of study, capacity for analysis and synthesis and capacity to learn were identified by the HEIs as the most important competencies for an entry-level dietitian. Competencies thought to be underrepresented in the EFAD Benchmark Statement included diet therapy, entrepreneurship and quality assurance/ quality care, logistics, how to organise work, epidemiology, statistics, research, the role of dietitian in the industry and the role of the dietitian involved in hygiene.

The final speaker was Réka Bozó Keyes, also from the EPG and the National Association of Hungarian Dietitians who presented on ‘Quality Indicators and Best Practice for Dietetic Education’. Quality indicators are agreed-upon processes or outcome measures that are used to determine the level of quality achieved. They are measurable variables that can be used to determine the degree of adherence to a standard or achievement of quality goals. Quality indicators are used by 92% of practice placement trainers to ensure students undertake the activity to a minimum standard. Examples used in dietetics practice placements were given. Reka then gave some examples of best practice in academic training to prepare students for practice placement training including the use of multimedia presentations, role-play between students and lecturers and students and students, problem based learning sessions, skills laboratories and sessions with other healthcare students.

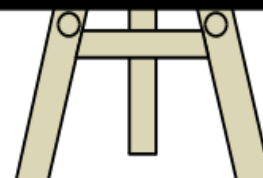
Réka concluded that there is a need of more effective communication between HEIs and practice placements and although there are lots of useful quality indicators and examples of best practice across Europe they need organisation and research.

Dr Clare Corish, Chair, Dissemination Group, Dublin Institute of Technology, Ireland.



KEY POINTS - Session One

- The importance of reflection as an integral part of life-long learning.
- The work that is required across Europe in developing and standardising dietetic education.
- There are many useful quality indicators and examples of best practice across Europe but they need organisation and research.



Session 2 commenced with a presentation by Willem de Keyzer, Head, Department of Nutrition and Dietetics, University College Ghent (UCG) / Faculty of Health Care, Vesalius, Belgium, on 'Preparing Students for Practice Placement Learning'. In UCG, the study programme for dietetics is organised in "flexible learning paths" which offer students a self-determined way of arranging their studies. Firstly, students can take courses of interest to gain ECTS credits but without being awarded a diploma, termed a "credit contract" or they can pass through the whole curriculum to finish with a degree, the so-called "diploma contract". Furthermore, students can choose between a full or part time standard learning path or a personal learning path where modules are chosen to build on those already taken. Because of these options, students need to plan their studies from the beginning. They need to focus on what they want to achieve and how to realise this. The idea of encouraging students to take responsibility for their own learning also forms the basis for the practical placement training. To support students in reaching their personal aims during this training, they are provided with a toolkit which enables them to plan their training and to check their success against personal milestones, for example, with a placement evaluation checklist.

The practice placement training programme at UCG is divided into two practice placements. The first practice placement takes place in the second year of the programme and involves 70 hours / 3 ECTS. To prepare students for the practical placement, they are offered theoretical and practical courses which focus on dietetic catering management such as food preparation, production, distribution, service systems etc. In addition, written guidelines and objectives are discussed with the students which are also available on a digital learning platform. Placement-specific learning outcomes are also discussed with the placement centre. The second practical placement covers three different periods, each for five consecutive weeks and equivalent to 530 hours / 20 ECTS. All periods take place in the final year with "come together" days at UCG between every five week training period. Period I is related to the final project of the students. The student receives a practice placement experience which is supervised by an expert in the area so that the student gains insight and can obtain professional skills related to this topic. In preparation for this, the students are offered theoretical and practical courses on research methods, food consumption surveys and statistical analysis. Other important aspects in preparing students are learning activities to facilitate students in planning and analysing their own learning activities, the details of which are kept on the digital learning platform. Periods II and III focus on health promotion and clinical work and are undertaken in hospitals, clinics, private practices, nursing homes for elderly people and research facilities. The training is based on case studies. These practice placement experiences enable students to acquire the knowledge and skills related to their professional qualification. To undertake practice placements, the students have completed all theoretical and practical courses within the curriculum.

The second presentation 'Criteria for Approving Placement Training Centres' was given by Val Heath, Associate Dean for Practice in the Faculty of Health and Social Work at the University of Plymouth. Val has strategic and operational responsibility for placements for all student healthcare professionals undertaking programmes with the Faculty. In the UK, quality assurance arrangements exist which assist practice placement trainers to appreciate their responsibilities and enable them to be measured against those responsibilities. The first component of the quality assurance process is to confirm that the placement setting meets the 'Criteria for Approving Placement Training Centres'.

This basis of partnership means that all partners interact respectfully with each other and that all decisions and tasks are reached in an ongoing process of exchange and communication. All aspects of student training need to be negotiated between the University and the practical training centre. Hence, each training centre must fulfil defined criteria to be recognised as suitable for student training. These criteria relate to:

- student selection, progression and achievement
- student and staff support
- learning and teaching
- assessment

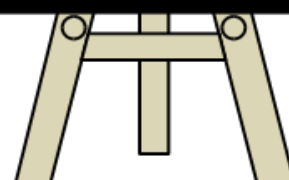
The criteria address issues such as diversity, values, safety, resource management and governance and result in continuous quality improvement. Both sides determine the responsibilities of each partner in the form of a placement agreement which also describes the communication channels required.

To evaluate the training process, checklist assessment tools are used based on clear definition of the learning outcomes by all partners. The evaluation and review of the training process is undertaken by the mentor, education provider and student but can also include patients.

The University of Plymouth and its practical training placement providers demonstrate an approach which ensures high quality in the conditions, the process and the evaluation of practical placement training for students. This leads to greater security, satisfaction and success for all partners involved with practice placement training.

KEY POINTS – Session Two

- Students given responsibility for their own learning helps them to become self-dependent colleagues, active in life long learning.
- A partnership approach to practice placement learning improves the quality of the placement learning.



**Ms Elina Zwickert,
Chair, Information and Technology Group,
German Dietetic Association.**

Session 3 commenced with Professor Anne de Looy reflecting on what delegates had learned the previous day. Helén Lönnberg, from the Department of Clinical Nutrition and Dietetics of Karolinska University Hospital, then presented on her experiences of Preparing Practice Placement Educators. Aware that these educators need time, space and opportunity to discuss difficult matters and to reflect on their own role, Karolinska University Hospital has appointed an independent placement supervisor, responsible for planning, educating and supporting both the placement educators and students. This independent placement supervisor promotes reflection and discussion in weekly groupwork with students and provides individual follow-up with each student mid-practice.



All practice placement educators are encouraged to attend at least one seminar where they are trained to help students to connect their values, theoretical knowledge and experiences with the everyday practical situation using students' thoughts about actions in specific situations. During the practice placement, the placement educator provides support to the student before contact with a patient and during implementation of the nutrition care plan. Feedback to students on their performance and encouragement to reflect on practice is always given. Helén concluded her presentation by stating that using the current model, 100% of students report themselves satisfied with their practice placement.

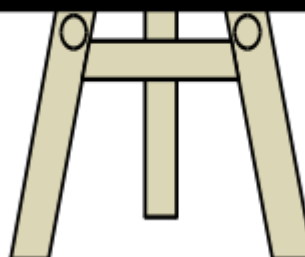
Professor Sandra Capra, from the University of Queensland and Chair of the International Confederation of Dietetic Associations Board of Directors, then informed delegates on how the Dietitians Association of Australia (DAA) measures competence to practice dietetics. DAA has been using competency-based assessment of final performance of students and for accrediting programmes for 15 years. Sandra advised that competency standards must identify what competencies constitute entry-level to the profession and describe professional practice in the workplace. The standards are a combination of units of competency, elements of competency and performance criteria. Each unit of competence has an underlying set of knowledge, skills and attitudes and is divided into elements which have performance criteria defined. Students have to demonstrate that they can DO what is required at entry level for each competence. For each unit of competence there are specified range variables which describe the limits of entry-level competence. To demonstrate how the DAA Competency Standards were formulated, Sandra showed some examples.

Margaret Fisher from the University of Plymouth then spoke about the measurement of student achievement during placement. She started by highlighting the importance of practice placement and its assessment for learning, and the need for valid and reliable assessment methods, appropriate to enable assessment of practice skills in a range of placement settings. Margaret shared with us the CEPPL project on Assessment of Practice, which seeks to establish an evidence-based set of key principles and resources. She spoke of the advantages and disadvantages of the different methodologies used: portfolios, reflections, tripartite/ 3-way meetings, criterion referenced assessments, conversations, observations and OSCEs. In the CEPPL project, an electronic portfolio has been used for midwife practice placements, with positive evaluation from all involved. It became easier to use with practice and students mentioned that they liked the fact that their personal tutor could access the portfolio and provide formative feedback.

Ms Ana Catarina Moreira, Network Management Group, Higher School of Health Technology of Lisbon, Portugal.

KEY POINTS – Session Three

- The positive impact of supporting placement educators and students during practice placements and the organisation by HEI teachers and the practice placement settings required to facilitate this.
- The importance of establishing competency standards to practice dietetics across Europe. The focus for competency standards should be the 'safety' of performance.
- The benefits and limitations of the different methods available to assess performance in practice placement and the importance of having an autonomous centre to measure student achievement during placements.



Session 4 was chaired by Ms Irene MacKay, Chair, Network Management Group and EFAD representative to DIETS. The session commenced with the presentation of the preliminary results of the European dietetic competency consultation by Professor Anne de Looy, DIETS Network Co-ordinator and Professor of Dietetics, University of Plymouth, UK. Competency involves the ability to meet complex demands, by drawing on and mobilising psychological resources (including skills and attitudes) in a particular context. Competencies may be generic or subject specific (knowledge, understanding and skills). It is necessary to map subject areas and develop common reference points and subject specific competences for each discipline. In Europe, this has already been undertaken by nurses, occupational therapists (at BSc, MSc and Doctoral levels), physiotherapists, radiographers and dentists. The EU 'Tuning Project' aims to make study programmes comparable and compatible, to facilitate transparency and academic recognition and to build trust between 'key players'. The Taormina Declaration (EFAD 2007) set out to establish a benchmark for teachers of dietetics and quality indicators for practice education, to define European dietetic competencies and prioritise life long learning and to agree a common language by defining technical terms for practice education.

All dietetic competencies in Europe and worldwide (plus their performance indicators) were collated and distributed as a pilot for face, and content, validity. The competency statement was translated by national dietetics associations (NDAs) into 20 languages, converted into an electronic questionnaire to rank most to least important competencies and distributed through NDAs. The results were compared with the Education Mapping Questionnaire to HEI partners in DIETS (50%) response

The highest ranked competencies were:

- ✓ Accepts personal responsibility and accountability for actions and decisions
- ✓ Works within the limitations of own knowledge and skills, and refers or receives referrals from professionals as appropriate
- ✓ Is proactive in identifying learning opportunities and engages in a process of lifelong learning and professional development
- ✓ Applies client centered care

Those lowest ranked included:

- ✓ Critically assesses research findings
- ✓ Has the ability to integrate research into practice
- ✓ Undertakes supervision of dietetics students, helpers, assistants, volunteers and others
- ✓ Understands and implements strategies to promote the provision of services and work with local decision makers concerning nutritional health
- ✓ Is competent in research design
- ✓ Participates in business or operating plan development

The challenges in interpreting these data lie in the low number received (1100 out of 28,000 member dietitians of EFAD; although the overall response was proportionally equivalent to that obtained by OTs), the understanding and interpretation of statements, especially where the performance indicators were not translated, the method of dividing the competency statement into sections and the differing qualification outcomes (e.g. administrative and clinical) in Europe.

The competencies will identify minimum outcomes for students at the point of finishing their dietetic education once analysis of all data from the current Competency Questionnaire is complete and the questionnaire is re-distributed to students, academics and 'employers' (Tuning).

The second presentation in this session was made by Karin Hådel, Honorary President of EFAD on 'Developing the Role of Dietitians in Europe'. Karin reviewed the milestones in the history of the dietetics profession and the development and aims of EFAD. She then summarised the current roles of the Dietitian before describing European and world trends that will require the development of new competencies. There will be opportunities for a broader job market for dietitians. Differentiation in the role of dietitians both as generalists and specialists will increase. Dietitians will be more specialised and, as a consequence, will leave some of their present tasks and roles to other professionals. More dietitians will practice in collaboration with other professionals in teams and network groups. There will be more focus on evidence based practice and cost-effectiveness, more prevention and an increased public health focus. Marketing skills will become important with a greater proportion of dietitians becoming entrepreneurs, private practitioners or working on projects. Communication and sharing of experiences beyond national borders will also become important with greater focus on global nutrition problems. To meet these challenges, research and life long learning must be integrated into practice and evidence-based dietetics needs to be more fully integrated into education and practice. The European Dietetic Benchmark Statement and DIETS form the basis for working towards convergence in dietetic education, harmonisation of competency standards will facilitate free movement and advanced degrees will become more common, leading to careers in senior roles. EFAD provides the forum to channel, discuss and evaluate changes within the profession as well as in the surrounding world and their impact on the dietetic profession.

KEY POINTS – Session Four

- **The importance of defining dietetic competency in a European context.**
- **The future opportunities for Dietitians in Europe and the need to develop competencies to match these opportunities in undergraduate and postgraduate programmes and through life-long learning.**

**Dr Clare Corish, Chair, Dissemination Group,
Dublin Institute of Technology, Ireland.**

The final presentation at the 2nd DIETS Conference was made by Professor Arne Astrup, MD, Head of Department of Human Nutrition, Faculty of Life Sciences, University of Copenhagen, Denmark and was sponsored by the Almond Board of California.

Professor Astrup began his presentation with an overview of the global epidemic of obesity, highlighting the escalating obesity rates worldwide. Obesity is caused by ingesting more energy than is expended over a long period of time. The excess energy that is consumed leads to an accumulation of body fat either by being stored as fat or preventing the mobilisation and oxidation of endogenous fat. In general, ingesting 3500 kcalories more (or less) than expended will lead to a gain (or loss) of approximately 0.5kg of fat. The average weight gain in the population is produced by only a small imbalance in energy balance, generally a daily surplus of energy which amounts to 50-100 kcalories. Genetic factors may influence the amount of weight gained with overfeeding and may be related to changes in non-volitional energy expenditure, such as fidgeting, which may be determined genetically.



Professor Astrup then outlined the targets for manipulation of appetite in the treatment of obesity. These include neurotransmitter systems modulating food intake/energy expenditure centrally, factors affecting gastrointestinal function and appetite and those that modify peripheral metabolism or inhibit fat absorption.

He then went on to describe a randomised, intervention study between three different diets undertaken in collaboration with Professor Walter Willett. The MUFObes study is a long-term randomised study to establish if a high MUFA diet, a Nordic low fat diet following current healthy eating guidelines or a control diet is superior in weight maintenance and the prevention of lifestyle diseases in obese subjects. The study consists of several phases; initial weight loss, diet intervention period 1 (all food provided), diet intervention period 2 (approx. 20% of food provided) and a follow up period, the preliminary results of which have been published in the American Journal of Clinical Nutrition in 2008.

The traditional view of foods simply based on their energy content is now being overturned by new research. Properties other than simple macronutrient composition are emerging as more important for the effects of food on energy balance. Professor Astrup has investigated four examples of foods or nutrients in terms of their satiating effect. These include nuts, in particular almonds, protein, dairy calcium and dark chocolate. The energy from nuts would appear to be inefficiently absorbed. Although dietary protein has the same energy density as carbohydrate, it has a stronger satiating effect and decreases spontaneous food intake. Clinical trials have shown that an increase in the protein/carbohydrate ratio produces spontaneous weight loss. Dairy calcium may also play a role in body weight regulation, i.e. by binding some dietary fat that is malabsorbed leading to a faecal loss of energy amounting up to 50 kcal/day. Finally dark chocolate has been shown to be more satiating than milk chocolate and may reduce the spontaneous energy intake in subsequent meals, probably due to its high content of stearic acid that inhibits gastric emptying and prolongs the satiating effect. These examples illustrate that our current view on the ability of different foods to influence energy balance needs to be revised.

Summarised from Conference abstract and presentation by Dr Clare Corish, Chair, Dissemination Group, Dublin Institute of Technology, Ireland.



We thank the Almond Board of California for funding the printing of DIETS conference proceedings

About the Almond Board of California

The Almond Board of California administers a grower-enacted Federal Marketing Order under the supervision of the United States Department of Agriculture. Established in 1950, the Board's charge is to promote the best quality almonds, California's largest tree nut crop. For more information on the Almond Board of California or almonds, visit www.AlmondsAreIn.com.

The interview was hosted by Dr Clare Corish, Chair DIETS Dissemination Group and Lecturer in Human Nutrition and Dietetics, Dublin Institute of Technology, Ireland. Dr Corish welcomed Professor Astrup, Head of The Department of Human Nutrition at The Faculty of Life Sciences, University of Copenhagen, Denmark, to Frankfurt and thanked him his earlier presentation.

Dr Corish: Can you give a short overview on the problem of obesity?

Professor Astrup: Obesity is now a global epidemic, not only in the US and Europe, but also in Africa, Asia and South America. The prevalence of obesity is now higher among Chinese children than among children in Copenhagen. The associations between obesity and cardiovascular diseases, cancer, asthma, orthopaedic problems and the full range of medical specialities means that more people currently die in the US from obesity-related disorders than from smoking tobacco. As a similar trend is being observed world-wide, we urgently need to improve the prevention of weight gain and reduce the development of obesity.

Dr Corish: You referred to the determinants of appetite and energy balance in your presentation. Could you please elaborate on these?

Professor Astrup: There has been much speculation on the key problems causing energy imbalance, but American studies by Jim Hill and co-workers have confirmed that an excess of only 50 kcalories daily can lead to weight gain in the average population. We do not need to look for dramatic changes in order to prevent weight gain. Although physical activity is beneficial, it can lead to an increase in appetite and it is difficult to produce an energy deficit sufficient to lose weight by increasing physical activity alone. The use of foods in our diets with different compositions can result in a reduction in the energy content of our food, reduce our appetite and automatically reduce energy intake.

Dr Corish: Can you give some practical examples of foods that could be practically used in advice to patients?

Professor Astrup: It is necessary to consider the dietary composition of a food as well as its energy density as this can have a greater effect on energy balance than simply the energy density of the food being eaten. For example, protein has a similar energy value to carbohydrate but is of higher satiety value and robust evidence is now available demonstrating that an increase in the percentage energy derived from protein from 15% to 25% will increase the satiety value of the diet and reduce food intake. Examples of other such food include almonds which have a high protein content and some of the fat is not absorbed so the Caloric value is lower than is apparent from examination of food labels. Almonds also have a satiating effect that was highlighted by a study for the British Journal of Nutrition of 20 women with an average BMI of 25. The study showed that those who regularly ate a handful of almonds a day did not gain weight compared to those women that did not eat almonds – even though they tended to eat more calories over the course of the day. There may be other factors present which also contribute to the high satiety value experienced. A similar situation occurs with dairy products where the dairy calcium binds some of the fat in other foods increasing fat loss in stools. Although this is not a large loss of energy, it can make the difference to energy balance perhaps to the extent of 50kcalories daily.

Dr Corish: Should dietitians include this advice to their patients?

Professor Astrup: Dietitians should make this advice available to patients. Diets need to be less restrictive with a greater number of positive messages, for example, the incorporation of low fat dairy products, lean meat and a handful of almonds – or to be more precise 28g, which can improve quality of life and dietary compliance. We cannot underestimate the importance of quality of life on dietary compliance.

Dr. Corish: You have mentioned almonds in the past two responses; can you please elaborate on why dietitians should recommend them to their patients?

Professor Astrup: Almonds are nutrient dense and are high in protein, fibre and vitamin E. They not only have a satiating effect which helps consumers displace the less nutritious foods from their diets, helping them to maintain their weight but they play a key role in cardiovascular health. Multiple clinical studies have shown that almonds lower LDL cholesterol which can help to reduce the risk of heart disease.

Dr Corish: Would you like to comment on some of the alternative factors postulated to contribute to weight gain, for example, climatic change, and how should we deal with this?

Professor Astrup: From a research perspective, we need to increase our knowledge on all the factors that contribute to weight gain. However, the translation of such factors into practical advice is more difficult. One important factor, however, is what mothers eat during pregnancy. Excessive weight gain during pregnancy is associated with the offspring becoming more easily overweight. Some recent evidence also points to too little sleep or poor sleep quality, particularly in those aged between two and three years, being associated with an increase in obesity and type II diabetes mellitus, perhaps due to an increase in mental stress which can perhaps impair appetite regulation on the following day. Ensuring adequate sleep (7-8 hours depending on age) and sleep quality, not too much coffee, reducing smoking and increasing physical activity can all be incorporated into obesity management even if some of the evidence is not yet very robust. It is also important to note that some medications, particularly anti-psychotic, anti-epileptic and anti-allergic medications, are powerful contributors to weight gain in those who are genetically susceptible. In my own clinical experience, recommending people to sleep for 8 hours instead of 5-6 hours made a significant difference to weight loss in patients who appeared to be complying with dietary advice, with patients reporting reductions in hunger associated with greater time sleeping.

Dr Corish: Finally, what would you identify as the research priorities in diet and body weight regulation?

Professor Astrup: There is a need to look in more detail at the individual food composition rather than only the energy, fat, carbohydrate and protein value as displayed on food labels. There are many nutrients and components in foods that affect appetite regulation and we need to be open-minded towards that. Also, the effect of individual dietary advice needs to be investigated. We are all genetically different and so nutrigenomics need to be incorporated into all clinical trials.

Dr Corish concluded by thanking Professor Astrup and concurring that personalised nutritional advice and food-based dietary guidelines will be what we use in the future in formulating dietary advice.

G DIETS Workshops

Four interactive workshops were held as an integral component of the 2nd DIETS Conference. The delegates were divided into four groups for each workshop. Using consensus methodology, each group collated the most important or valuable requirements in a given scenario.

Workshop 1 discussed the 'Standards for Dietetics Education across Europe' and determined the most important competencies that an entry-level graduate should attain. Having sound theoretical knowledge which can be applied safely and critically to practice, using modern technology where appropriate, an ability to assess, plan, implement, evaluate and communicate with stakeholders in a professional, ethical and timely manner and an ability to reflect on practice and engage in life-long learning were believed to be important attributes of an entry-level dietitian.

Workshop 2 focused on 'Preparation for Placement Learning'. Delegates were asked to define five important outcomes of a practice placement. Many of the outcomes paralleled those identified in the morning workshop including the acquisition of skills enabling competent, safe, evidence-based and ethical practice in the provision of nutritional care for groups/individuals, exhibiting initiative and leadership but recognising limitations, demonstrating problem solving and communication skills and developing an ability to reflect on practice and engage in life-long learning.

Workshop 3, 'Getting the Best from Placing Learning', determined the most important ways a practice placement trainer can facilitate student learning during the practice placement. Written, clear guidance including a schedule from the HEI for students and practice placement trainers and guidelines for 'problem' students is vital. A safe student learning environment with adequately trained and experienced trainers and HEI support must be created where students have opportunity to 'do', not solely to 'observe', from early in their training in a controlled manner with patients appropriate for the stage of placement. Students need a standard of knowledge before commencing placement and require skills in finding information in order to apply knowledge to practice. Observation, opportunities for problem identification and solving, decision making, reflection, critical thinking and feedback are essential if students are to get the best from their practice placements.

The final workshops discussed four issues. Firstly, 'Dietitians as a Brand—what Public Relations do we Need?' identified that media and lobbying strategies are required. Several recommendations were proposed such as annual themes, a dietitian day, and acknowledgement of achievements. The 'Identifying New Opportunities for European Dietitians through Active Participation in the Development of EU Directives?' identified a number of opportunities and the need for a European register of dietitians. 'Where will Dietitians be Working in 10 Years Time?' identified primary prevention, research, specialised clinical dietetics, the private sector and private practice the most likely areas of work. 'What is Dietetic (practice) research?' examined the assessment methods used to evaluate dietetic practice. Assessment of competence, not solely assessment of knowledge, is an important facet and use of a variety of techniques is recommended.

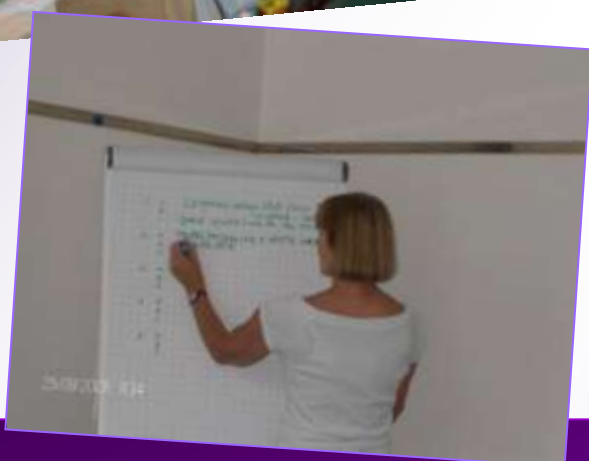
Dr Clare Corish, Chair, Dissemination Group, Dublin Institute of Technology, Ireland.



H The experience of leading a workshop in a foreign language at the 2nd DIETS Conference

When I was asked to moderate a workshop at the 2nd DIETS conference, I was worried because workshop moderation is never easy, particularly when the workshop is being held in a language that I do not use daily. The possibility of being rude to a member of my workshop group by not understanding what they were trying to explain troubled me. However, the topic for discussion was one that I have good knowledge of. Therefore, I took my knowledge, my experience of moderation and my optimism and did my best. I was really happy when I realised that people in the workshop were willing to work hard, that they had a lot of knowledge, experience and ideas to share and were highly motivated to produce a good result. Everyone in the group was interested in explaining their thoughts in a way which the other participants were able to understand and a good communication culture helped us to generate the correct messages. With the gentle help of workshop participants highly competent in written English, we were able to express the results of our deliberations in writing. So, after the hard and efficient work, I was very, very proud of the participants in 'my' workshop and I had again this wonderful and 'DIETS-specific-Wow-feeling' of being part of a such great thematic network, which enables successful work across Europe. Thanks to DIETS which enabled me to have such a good experience.

Andrea Räss-Hunziker, Switzerland.



Thanks!



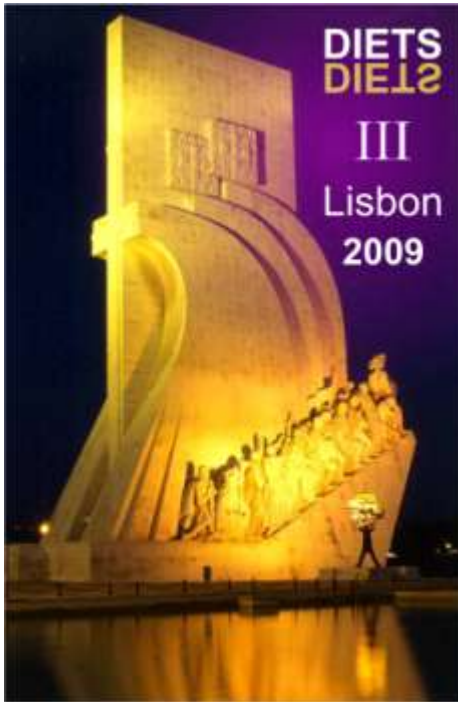
This year, for the first time, the general meeting of EFAD and the second DIETS conference took place at the same place and same time to give all interested dietitians the opportunity to participate.

The German Dietetic Association kindly agreed to host both meetings in Frankfurt, Germany between 23 and 28 September 2008. The meetings were located in the Holiday Inn, Frankfurt Airport North which was easy to reach and offered comfortable rooms in which to stay and to hold a conference.

Thanks to the organisational skills and depth of commitment of **Mrs. Doris Steinkamp** (chairwoman, German Dietetic Association), **Mr. Ulrich Hühmer** (representative of German Dietetic Association, treasurer, EFAD) and **Mr. Marcel Reinhard** (business manager, German Dietetic Association), we were all able to enjoy a highly successful conference!

We also like to thank Ms. Rebecca Koepke and Ms. Meliza Stegmayer who were in charge of the registration desk and who helped with all enquiries in a friendly and efficient manner.

FIRST ANNOUNCEMENT



DIETS is pleased to announce that its third annual conference will be held in Lisbon, Portugal on 23-24 September 2009.

Ana Catarina Moreira of the DIETS Network Management Group and Higher School of Health Technology, Lisbon looks forward to welcoming people to the city:

"Lisbon is the capital of Portugal, a beautiful, sunny country by the sea. Lisbon has a very heterogeneous character. Some areas are very old, with artistic legacies from the age of the Portuguese discoveries of the 16th century. Other areas provide examples of modern architecture, so providing an unending number of places to visit.

The Higher School of Health Technology is in the new part of Lisbon that was built for the International EXPO Exhibition in 1998. This area is near the river and is full of life with plentiful gardens and museums. It is located centrally with good hotels nearby and an efficient public transport network."

Look out for further details of DIETS III on our website:

www.thematicnetworkdietetics.eu

To get further information on the Higher School of Health Technology and on Lisbon itself, visit these web pages:

<http://www.estesl.ipl.pt/>
<http://www.cm-lisboa.pt/turismo/>

Peninsula Teaching Public Health Network English and Spanish open and free webinars

These webinars are part of a series of research webinars that will continue after Christmas.

To join the webinar go to www.plymouth.ac.uk/health/webcasts and click on the appropriate orange box. When asked for username put your first and last name with no space (eg rayjones) and click on 'guest'. No password is needed.

Tuesday 4th November 2008
15:00-16:00

What **are** the new dynamics of ageing?

Catherine Hennessy

Tuesday 2nd December 2008
15:00-16:00

Virtual worlds and health – just another gimmick?

Maged Kamel Boulos

For those of you who speak Spanish or who have Spanish speaking colleagues there is a series of webinars about Faculty of Health and Social Work research and teaching being given by a Visiting Research Fellow, Dr Julia Garcia Mugica in Spanish. To join these webinars go to www.plymouth.ac.uk/health/spanishwebcasts and click on the appropriate orange box. These will take place on Thursdays 23rd and 30th October, 6th, 20th and 27th November from 15.00-16.00GMT.

Further details on the above link in due course.



Working group changes



New members of EPG:

Anne Marie Favreau (89)
Karin van Ael (07)
Marta Cuervo (32)
Claire Bila (124)
Juliana Almeida de Souza (125)

New Members of DG/ITC

Vera Ferro Lebres (125)
Dr. Stefan Storcksdieck (12)

Resigned or retired working group members:

Karen Søndergaard (90)
Turkan Merdol (78)
Mine Yildirim (78)
Iva Marques Lopes (30)
Brigitte Winklhofer-Roob (04)