



“We’re Better Together”: Registered Dietitians’ Preferences for Continuing Professional Education Opportunities on Providing Nutritional Care to Older Adults with Dementia



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Background

- Older adults with dementia experience a multitude of disease-related issues that can negatively influence their nutritional status.
- The growing population of older adults and increasing prevalence of dementia present a need for Registered Dietitians (RDs) to be trained in geriatrics.

The purpose of this qualitative study was to determine preferred training modalities for RDs who provide nutritional care to older adults with dementia.

Subjects & Methods

- Focus group with 20 RDs in Alabama who work with older adults.
- Participants shared opinions on ideal professional training modes, including frequency and duration.
- Sessions were audio recorded and transcribed verbatim.
- Qualitative data were analyzed using thematic analysis via NVivo.
- Participants completed a Qualtrics survey on preferred learning formats that was descriptively analyzed.

Results

Analyses revealed that RDs favored in-person multimodal training opportunities that:

- Can be completed in one day
- Includes text-based materials that can be used as references when on the job.

Common themes are reflected in the quotes below.

Interactive Multimodal Learning Preferred

- ‘I do better with demonstration....because it’s relatable.’
- ‘I really like the interactive online stuff so that it’s not just something you’d only listen to online.’
- ‘Always feel like a lecture and then the hands-on. Like, learn the information and then let’s go practice them.’
- ‘Yeah, I think webinars aren’t optimal. Yeah, I think in theory, it sounds like a good idea. Oh, you don’t have to travel. You know, you’re right there in your office, but again, the likeliness of distractions.’

Considerations for Timing, Frequency, and Location

- ‘I think I’d rather have it more spread out and more opportunities to do it more often because every healthcare is constantly changing... So I think I’d like once, like once a month.’
- ‘See I’m just gonna say - these workshops that they’ve done with six hours? I’ve learned a lot from those. The one-day, six-hour thing.’
- ‘Like a one day, more condensed type of training, um, where your time is kind of guarded, you know, versus like a series of training, um. You’re likely to miss one or two on the way.’
- ‘If you have a one-hour session somewhere, it breaks up your whole workday...I got to work for two hours, then you come late and go to a seminar, then you’re going to try to come back.’
- ‘I think if you have to make the effort to travel, have it for a longer period of time. It would make it more worthwhile. Because you’ll have to take the time off..’

Results

Perceived Benefit of Interdisciplinary Learning

- ‘And then we-we kind of understand what everybody’s doing; we’re better together.’
- ‘A speech therapist demonstrated why you used thicker liquids to certain consistencies. We knew about that...but using her hands [demonstrated] about honey and nectar thick...it helped me to understand [the visual]. Lights went off.’
- ‘We would have to include, uh, OT- and ST [in interdisciplinary nutrition training]. But PT is so important because of their positioning in whenever they eat.’

Desire for Text-Based Materials

- ‘I really think some of my best training has been from reading [about dementia] in a book, or an article....we can have that resource to go back to.’
- ‘I have that book [on dementia]....and used it for my geriatric patients...I’ve printed [dementia information] to hand to a family member.’
- ‘But give me something where I’m like kind of like... kind of like in class where I have something I can write on with points on it.’
- ‘Spiral bound pocket guide with pictures and where things are. It might be smaller so it may not fit all of the information.’

Table 1. Ranked Learning Modes

Rank	Mode
1	Lecture-based, presentation, in-service, classroom based
2	Experiential learning, simulation, role-play
3	Inter-professional rounds
4	Practical exercise, case study, vignettes
5	Mentorship or supervision
6	Video, online-learning, webinar
7	Reading written materials
8	Audio sessions, podcasts, audiobooks

Table 2: Participant Demographics

Demographic	n	%
Biological Sex		
Male	0	0
Female	20	100
Racial Background		
Black/African American	3	15.0
White/Caucasian	16	80.0
Asian	1	5.0
Education Level (n = 20)		
Bachelor’s degree	10	50.0
Master’s degree	10	50.0
Work Setting		
Acute Care	3	15.0
Long-term, Skilled Nursing, or Assisted Living Care	9	45.0
Outpatient	3	15.0
Other	2	10.0
Multiple Settings	3	15.0
	M ± SD	Range
Age (years)	38.7 ± 11.6	24-68
Years as an RD working with Older Adults	11.6 ± 11.6	1-36

M = Mean; SD = Standard Deviation

- ### Conclusions
- When developing training programs for RDs, timing, frequency, and location are important considerations.
 - RDs may prefer training that is one full day, is in-person, provides a variety of information and interactive activities, and incorporates interdisciplinary team members.
 - They also desire text-based resources to take back to the workplace.