

15

MINUTE CONSULTATION

*Tips, Tools, and Activities to Make Your
Nutrition Counseling More Effective*

Lorena Drago, MS, RDN, CDE, CDN



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ISBN 978-0-88091-991-3

Catalog Number 991317e

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INTRODUCTION

“I don’t have time to teach.” By saying you don’t have time to teach, your only solution is more time. Your statement stops the process. But if you ask, “How can I most effectively and efficiently teach in the time I have?” you open yourself to the answer.

—Fran London, MS, RN,
*No Time to Teach: The Essence
of Patient and Family Education
for Health Care Providers*

As registered dietitian nutritionists (RDNs), we are *the* experts in food and nutrition. While we may work in various settings and capacities, we have a common goal: to increase our clients’ understanding of nutrition and to help them make lifestyle changes to improve their overall health. Time is often limited during client consultations, so it may seem like the only tool we have in our arsenal is to *teach by telling*. However, conveying everything clients need to know when time is short can be a challenge. That’s why I wrote this book—to help you educate your clients, even when time is limited to 15 minutes or less.

Using the 15-Minute Consultation with Medicare’s Intensive Behavioral Therapy Counseling

The Centers for Medicare & Medicaid Services (CMS) determined that intensive behavioral therapy for obesity (body mass index ≥ 30) is necessary for the prevention or early detection of illness or disability. Beneficiaries are eligible to meet with a qualified primary care physician or other primary care practitioner in a primary care setting for one 15-minute, face-to-face counseling visit per week for 1 month, then every other week for an additional 5 months. Participants who lose at least 3 kg during the first 6 months are eligible for an additional 6 months of these 15-minute counseling sessions.¹

The intensive behavioral intervention for obesity should be consistent with the 5-A framework that has been highlighted by the US Preventive Services Task Force (USPSTF). It consists of the following steps, also referred to as the 5 A's:¹

1. **Assess:** Ask about, or assess, behavioral health risk(s) and factors affecting the choice of behavior-change goals and methods.
2. **Advise:** Give clear, specific, and personalized behavior-change advice, including information about personal health harms and benefits.
3. **Agree:** Collaboratively select appropriate treatment goals and methods based on the client's interest in and willingness to change a particular behavior.
4. **Assist:** Using behavior-change techniques (self-help and/or counseling), aid the client in achieving agreed-upon goals by acquiring the skills, confidence, and social and environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.
5. **Arrange:** Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance and support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

15-Minute Consultation provides educational tools that can be used alone or in tandem to help the RDN provide optimal nutritional counseling during shortened sessions. To allow for a seamless counseling session, hand-pick in advance the tools that most appropriately align with the client's learning style. *15-Minute Consultation* dovetails with the 5-A framework as follows:¹

Assess: Chapter 1 shows how to assess what clients know and identify what is most important for them to know.

Advise: Chapter 2 presents instructional methods that include a variety of approaches to introduce new health and nutrition concepts.

Agree: Chapter 1 will show you how to create a customized agenda, prioritizing topics for the consultation.

Assist: Chapter 3 provides tips to help clients increase their retention of the materials learned. Chapter 4 offers a simple and effective method for ensuring that clients understand what you have told them or instructed them to do. Chapters 5 and 6 show you how to help clients apply the newly learned skills and how to communicate this information in writing.

Arrange: Chapter 6 provides a framework for goal setting and tracking, which increases self-efficacy and adherence.

The purpose of counseling is to enhance client knowledge and skills to promote lifetime healthy behaviors. RDNs can incorporate the 5 A's in their counseling to help clients move from the present state to the target state by identifying learning gaps and establishing a plan of action. The 5 A's can be useful for any shortened counseling session.¹

My “Aha!” Moment in Education

I became an RDN in 1992, but I have had a passion for education for as long as I can remember. Over the years, I have attempted to deliver nutrition information to my clients in practical and “digestible” ways. I have read many books, attended innumerable conferences on education and pedagogy, and learned new teaching techniques from my colleagues, as I am sure you have throughout your own career. Whether the “students” I have worked with were clients, consumers, or other health care professionals, they have all helped me to become a better educator and to improve my ability to communicate nutrition messages.

Many years ago, I attended a conference on health literacy that strongly influenced my approach to teaching. The theme of the conference was putting health education into action. The breakout sessions covered such topics as developing education tools, teaching numeracy, improving health communications, and enhancing a client’s adherence to treatment. During one of the sessions, we were taught the official definition of health literacy by the Institute of Medicine (IOM): the “degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate decisions.”² I realized the key words in this sentence were *appropriate decisions*. People who make appropriate decisions are able to perform actions related to their health care, such as taking medications correctly, monitoring their conditions, and preventing and managing complications. In simpler terms, health literacy is a person’s ability to put health information into action.

Before attending this conference, my focus had been on *transmitting* information during client consultations. I assumed that the clients would simply take that information and translate it into actions for improving their health. I knew information was one of the essential ingredients in the learning process. I was certain about the information I had conveyed but not as sure about what the clients *understood*.

Ideally, our clients should be able to easily apply the information we teach during nutrition consultations whether they are at home, at the supermarket, or out at a restaurant. But—and I am sure you can relate—I had my doubts about what my clients understood when they would ask questions at follow-up visits about topics I had already covered with them.

I saw my clients struggle to make sense of the nutrition information I had provided. For example, when I taught concepts like total fat, saturated fat, and polyunsaturated fats, my clients seemed much more focused on which foods were “good” or “bad” rather than on the overall message. In order for my clients to fully understand nutrition ideas, I realized I had to shift the way I communicated. Simply put, I had to find a way to help my clients translate health and nutrition information into action. I needed to provide context and take into account the way each client approached health information.

The State of Nutrition Education and the Challenges RDNs Face

In recent years, it has become apparent that consumers lack a complete understanding and awareness when it comes to nutrition information. The *2013 Food and Health Survey* by the International Food Information Council (IFIC) Foundation revealed that while four out of five Americans recognize that not all types of fat have the same impact on health, no more than half can identify any given source of unsaturated fats, and many erroneously think sources of saturated fats instead are sources of unsaturated fats.³

In addition, the survey showed that only one in three Americans correctly believes that all sources of calories play an equal role in weight gain. Eight out of 10 consumers know fructose can be found in beverages, but only half know that fruits contain fructose. In addition, 53% of Americans have seen the MyPlate icon, but only 8% feel that they know a lot about it.³

Moreover, most Americans still find the nutrition facts label confusing. Consumers may use the serving size on the food labels incorrectly. Helping them to understand the total number of calories and amounts of fat and other nutrients for the entire container, as opposed to the nutrients for one serving, may help consumers determine which products are healthier.⁴

Despite the vast amount of health information available to clients, it is evident that there is still a disconnect between the health concept and client comprehension. This presents RDNs with a challenge: We need to be sure to communicate in a manner that fits our clients' learning styles. To underscore this point, here are some sobering facts:

- Two studies concluded that both physicians and clients tend to overestimate client understanding of medical information and instruction.^{5,6}
- According to a review article by Kessels, studies have shown that 40% to 80% of clients forget medical information conveyed to them once they leave the doctor's office.⁷
- A study conducted by Kirsten Engel, JD, and colleagues in a hospital emergency department found that "not only do the clients not understand the Emergency department's care instructions from their doctors, but the vast majority is also unaware that they have not fully understood what the doctor has told them."⁶

Why are these studies important? Because clients today have an ever-increasing need to self-manage both their chronic and acute conditions. Clients with chronic conditions need more than medical treatment. They need to understand how to manage their conditions outside of the doctor's office, and they need to master self-care behaviors that will impact their clinical markers and overall health. It is also important for clients to learn how to avoid or minimize acute conditions and identify when a certain condition requires immediate medical attention. In acute care, the client is treated for a crisis situation, such as a heart attack. He or she is diagnosed, treated, and stabilized until the health crisis is averted. Afterward, when there is no longer a health crisis, the client is responsible for managing what may be the underlying condition, for example, cardiovascular disease. However, most health care dollars are spent treating the health care crisis and not preventing the condition that caused the event.

Almost half of all Americans live with a chronic condition, such as diabetes or hypertension.⁸ Prior to the 1980s, the acute care system was paternalistic: The doctor was the gatekeeper of health, and clients followed doctors' orders. But new technologies have helped doctors diagnose and treat conditions before an acute illness occurs. Chronic care disease management involves a health care team, including the doctor and the client. Unlike in acute care, clients living with a chronic condition need training to effectively manage their illness every day. RDNs, in conjunction with other health care professionals, can help them accomplish this.

The Chronic Care Model (CCM) is a well-established organizational framework for chronic care management and practice improvement.⁹ One of the components of the CCM is client self-management support. Its goal is to empower clients with knowledge, skills training, goal setting, and problem solving to manage health and health care and improve health outcomes.^{10,11}

The concept of self-management, which is oftentimes viewed as the “do-it-yourself” model, is rather new. Let's compare a doctor's visit from the past with a doctor's visit today. We'll say that the purpose of the visit is to discuss weight loss.

Under the old health care model, a client would have walked into a doctor's office and stepped onto a scale. If the client needed to lose weight, the doctor would advise the client to do the following:

- eat from the four food groups
- exercise
- add fiber, or “roughage,” to the diet

By today's standards, these guidelines seem simplistic. Today's clients must contend with enhanced recommendations for weight loss, which encompass a variety of terms and concepts, including:

- MyPlate
- “good” carbohydrates and “bad” carbohydrates
- glycemic index and glycemic load
- high protein and low protein
- types of fat (eg, monounsaturated, polyunsaturated, omega 3 fatty acids, saturated, *trans*)
- types of fiber (soluble, insoluble, resistant starch)
- types of physical activity (eg, aerobic, strength training, core training)
- body mass index (BMI)
- waist circumference
- body shapes (eg, apple, pear)
- body fat
- skeletal muscle
- resting metabolic rate

As you can see, weight management concepts alone have become increasingly complex with the introduction of the self-management model of health care—and I have touched on only a few of the

terms and concepts clients may encounter. This underscores the importance of conveying information to our clients in a practical and useful manner. We must explore different strategies and techniques to enhance the client's learning and application process. It is my hope that this book will provide some ideas to help you close the gap—even during short counseling sessions.

What Will You Learn by Reading This Book?

In this book, I have assembled a wealth of simple techniques, tips, and real-life examples to help you effectively communicate with clients, especially when time is short. I have also incorporated health literacy principles that take into account the different ways adults learn. Throughout the book, I will give examples based on my classes and one-on-one consultations, plus I will share advice on how to choose and develop educational handouts for your clients. You will also find some ready-to-use lessons centered on frequently discussed health and nutrition topics, such as how to read a food label.

You may find some of these techniques, tips, and strategies to be familiar, but I hope you will discover new ideas, too. I invite you to join me as an active participant and incorporate this information into your own practice.

After reading this book, it is my hope that you will be able to:

- streamline your counseling sessions and sharpen your counseling skills,
- introduce new health and nutrition concepts to your clients in three easy and short steps,
- present nutrition and health information so that your clients will retain most of it,
- apply the “teach-back” technique to test a client’s knowledge and skills after a counseling session,
- move beyond informing to promoting health action among your clients, and
- learn how to write easy and practical nutrition messages that your clients will understand.

Now, let’s get started!

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2

INTRODUCE NEW HEALTH AND NUTRITION CONCEPTS IN THREE EASY STEPS

Overview: Teaching Easy-to-Understand and Personally Relevant Content

This chapter describes three short and easy steps to optimize the client encounter, beginning with the premise that the agenda (discussed in Chapter 1) has already been created collaboratively by the client and the RDN. Once the agenda is set, the teaching can begin. It is helpful to start by asking yourself how your client learns best. Fran London, MS, RN, and author of *No Time to Teach: The Essence of Patient and Family Education for Health Care Providers*, suggests asking the client, “The last time you wanted to learn something, how did you go about it?” She continues, “Most of the time the answer is either ‘by doing it’ or ‘watching.’”¹

While some people may have one highly dominant learning style, most generally have a mix. You may find that some clients use different styles when learning different tasks. This chapter presents a variety of instructional methods for clients with different learning styles, whether auditory, visual, or kinesthetic (tactile). Combining all of these teaching tools can enhance clients’ learning experiences and help them to better retain the information.

Three Steps to Introducing New Health Concepts

When introducing new health concepts to your clients, you should determine several things before meeting with your client. The first step is to determine what you are going to *say*. Concepts can best be presented by asking the right questions and then explaining nutrition and health concepts in a clear and practical manner. The second step is to determine what you are going to *show*. The “show” in the “show and tell” is the piece that enhances the learning. Fran London explains the benefit of show and tell: “The more parts of the brain you engage in the teaching process, the more senses you involve, the more connections you make, the better people are going to remember and understand

stuff.”¹ The third step is to identify what you are going to *do*. When learners practice new information and skills, they increase retention. In the following sections, you will find a variety of examples of how to put these three steps into practice.

Step 1: What Are You Going to Say?

To communicate effectively, it is best to:

- use plain language,
- ask appropriate questions,
- make use of imagery to describe health concepts, and
- explain new concepts using appropriate health analogies.

USING PLAIN LANGUAGE

Use “living room” language that clients will easily understand. If you have to use unavoidable medical jargon such as *hemoglobin A1c* or *triglycerides*, define and explain the concept several times. Give clients a glossary and highlight the words you will use during the nutrition consultation. Since even literate clients prefer plain language, the best practice is to use universal precautions and define medical jargon in all instances. For example, clarify, “Hemoglobin A1c is the average blood glucose for two to three months.”

ASKING APPROPRIATE QUESTIONS

Engaging the client enhances the teaching and learning experience. Asking questions generates a dialogue that involves clients with the information being taught and allows them to think about how they will apply what they are learning to their own life. Here are some types of questions you might use for nutrition consultation.

- **Open- and closed-ended questions:** Alternate between open-ended and closed-ended questions. Closed-ended questions ask for specific information and can be answered with a “yes” or “no.” Use closed-ended questions when you want to obtain pieces of information. Use open-ended questions to elicit more detailed and personalized information. Open-ended questions can be more effective than closed-ended questions.
- **Recall questions:** A recall question uses facts and doesn’t go into details. These types of questions are useful to test clients’ knowledge. They require that clients recognize or recall information; remembering is the key activity. In order for clients to learn, knowledge must be mastered before comprehension.² Use the following verbs when asking knowledge-based questions: *name, define, recall, list, state, order, and identify*.
- **Practical questions:** These questions require that clients apply information and use what was learned. Practical questions take the client from memorization (tested with recall questions) to application and attach personal meaning to information. For example, in response to a recall question, a client names three foods high in fiber: “Shredded wheat, wheat bran, and kidney beans.” Using the client’s response, the RDN can then ask the following practical

question: “How can you incorporate these foods in your meals?” In another example, a client defines *organic*. What is an appropriate practical follow-up question? Joye Norris, EdD, author of *From Telling to Teaching: A Dialogue Approach to Adult Learning*,³ suggests posing this question: “In what ways will this information help your life?” This question allows the learner to use the new information in a meaningful way. Table 2.1 provides ideas and examples of open- and closed-ended, recall, and practical questions.

Table 2.1: Types of questions

	Closed-Ended Questions	Open-Ended Questions	Recall Questions	Practical Questions
Answered with	“Yes” or “No”	Specific information	Information or facts that are recalled by the client	An answer that allows the client to use new information in a meaningful way in his or her own life
Purpose	To obtain pieces of information or to obtain scaling information	To ask for specific information	To test the client’s knowledge	To take the client from memorization (tested with recall questions) to personal application
Examples	<p>Have you tried the Paleo diet?</p> <p>Was it easy to follow a Paleo diet?</p> <p>Do you avoid foods with gluten?</p> <p>Do you drink alcoholic beverages?</p>	<p>What do you know about the Paleo diet?</p> <p>Tell me about your decision to avoid foods with gluten.</p> <p>What are some of the challenges you encounter when eating out?</p> <p>Why do you think that your blood glucose rises when you eat steak?</p>	<p>What’s a carbohydrate?</p> <p>Which foods are high in <i>trans</i> fat?</p> <p>Name three foods that are high in fiber.</p> <p>Define organic foods.</p> <p>Recall three names for sugar found in the list of ingredients.</p> <p>State two health problems associated with obesity.</p> <p>Place these three foods in order from the highest to the lowest content of sodium.</p>	<p>In what ways will this information help your life?</p> <p>Describe how you will change your breakfast to decrease the amount of foods with added sugar.</p> <p>Tell me about how you will increase the amount of Vitamin D in your diet.</p> <p>Throughout the dialogue, remind clients to think about how they can use the information. Set the stage. For example, at the beginning of the consultation, state, “Start thinking how you can use the following suggestions and incorporate these tips in your daily life. For example—increase dark green vegetables such as kale or spinach.” These are some questions to then ask the client:</p> <p>What do you think is the best way to add spinach to your lunch?</p> <p>From the options I shared with you, which one do you think you can do right now?</p> <p>Tell me how you are going to prepare your next meal using one or two of the suggestions we talked about.</p>

Throughout your conversation, remind clients to think about how they can use the information you are discussing. For example, at the beginning of the consultation, state, “Start thinking how you can use the following ideas and incorporate these tips in your daily life.” This sets the stage and reminds the client to consider how new concepts apply to him or her.

USING IMAGERY TO DESCRIBE HEALTH CONCEPTS

Captivating imagery is an effective component of client education and engagement. Osborn explains, “Photographs, pictures, and food models help anchor the new information. Visuals can help clients understand their conditions and treatment recommendations better than spoken recommendations.”⁴ In addition, pictographs can enhance recall of spoken medical directions. In a study by Hout et al, subjects recalled 85% of instructions when a picture was shown compared to 14% of those without pictures.⁵ For nutrition consultations, describe visual images that attract or hold clients’ attention.

These are some examples of using imagery:

- **Identifying protein foods:** In diabetes education, a distinction is made between foods that have the greatest effect on blood glucose levels, carbohydrates, and those that have minimal impact, such as proteins and fats. To help clients identify animal-protein foods, I use the following captivating imagery. Animal-protein sources usually are foods that started with a face. So, when clients think *beef*, they picture a cow. When they think *poultry*, they picture a chicken or turkey. Most clients find the explanation humorous, but it helps them to remember which foods are sources of animal protein.
- **Identifying foods with and without cholesterol:** Clients often confuse fat with cholesterol. They assume that foods that have fat must also have cholesterol. To help clients differentiate the two, use the following imagery: “To determine whether a food has or doesn’t have cholesterol, visualize the food and ask, ‘Is the food derived from a plant or is the food derived from an animal?’ If the food is derived from a plant, it will not have cholesterol. This rule applies 100%.”

EXPLAINING NEW CONCEPTS USING FITTING HEALTH ANALOGIES

When concepts are hard to grasp, use analogies that clients will understand. For example, a client who is not familiar with computers may not be able to grasp the analogy that a potato serving is the size of a computer mouse. A common analogy used to explain the heart’s function is “A heart is like a pump.” However, this assumes that the client understands the function of a pump. The heart’s function can be explained in a different way by saying that the heart pushes blood from one part of the body to another.

The Altoona Family Physicians Residency (www.altoonafp.org/analogies) provides examples of medical analogies and explains how to use them effectively. You may consider bookmarking or printing the list and having it available at consultation. These are some examples of useful analogies:

- Diabetes education is like learning a new hobby. You don’t get it perfect the first time. You have to practice again and again. You’re always forgetting things and always learning something.
- Fiber in your diet is like a sponge. If you take fiber with enough water, your bowel movements will be soft, but if you take it without water, they will be hard.

- Blood glucose level results are like a photograph, reflecting your blood glucose levels at one point in time. Hemoglobin A1c is like a movie, reflecting your blood glucose level over a long period of time.

Step 2: What Are You Going to Show?

Pictures, schematics, graphs, sketches, videos, and demonstrations related to the material that is being presented can all enhance teaching, learning, and recall of ideas. For example, organ-structure photos are useful when explaining anatomy and physiology. If discussing diverticulitis or diverticulosis, show a picture of the colon with the diverticula; if discussing diabetes, show a picture of the pancreas. In addition, facts and figures can be supported and clarified through visual displays.

GRAPHS

Graphs can be used to break down numerical data into a visual representation. For example, use a graph to compare and contrast the differences in nutrients found in foods. In Figure 2.1, a graph shows the amount of saturated fats in different foods.

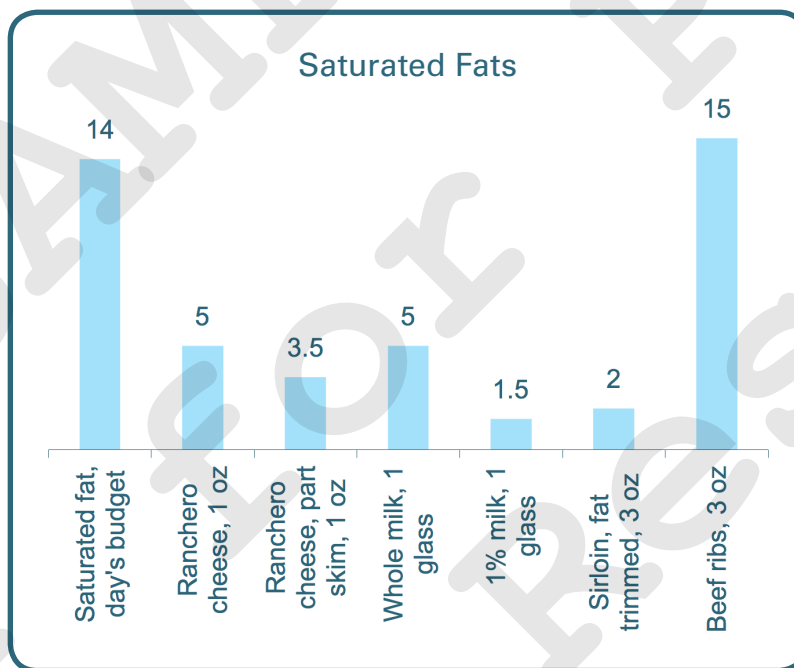


Figure 2.1: Example of dDaily budget of saturated fat graph

The bar on the far left illustrates the daily budget for saturated fat for a person consuming 7% of 1,800 calories from saturated fats. As you can see, using numbers and bar graphs more clearly portrays variations of saturated fats in different foods and shows how these amounts line up against the daily budget. A graph can also be used to compare and contrast macronutrients, vitamins, and minerals. It is easy to create a graph using a spreadsheet and calorie-counter resources.

VIDEOS

Use smartphones, tablets, and laptops as conduits for short videos as adjuncts to client education. Short videos are talking handouts and effective ways to engage the client. When using videos to teach, it can be helpful to remember the following:

- **Preview the video you selected for the client and have several videos available.** Select videos from academic institutions' websites, professional organizations' resources, and YouTube. Short videos, less than five minutes in duration, are preferable for individual consultation, and longer videos of six to 10 minutes are suitable for group nutrition education sessions.
- **Set expectations for the client.** Identify the content of the video and explain how the client will benefit from the information. For example, say, "This is a video that explains the use of [insert concept]."
- **Give the client paper and a pen.** Encourage the client to take notes and write down questions he or she might have.
- **Provide the client with a road map.** Encourage the client to personalize the information in the video by listening actively and incorporating ideas into his or her own life. For example, tell the client to:
 - Listen for when the video mentions this word: [insert key word].
 - Watch for [insert concept].
 - Think of other examples that can be used.
 - Identify the key points.
- **After the client watches the video, summarize.** Ask the client to:
 - summarize key points,
 - recollect and define key words, or
 - name recommendations that he or she will put in practice.

Step 3: What Are You Going to Do?

It can be beneficial to provide hands-on demonstrations for clients. Kinesthetic learners almost always learn better by doing. Activities that allow a hands-on approach are excellent choices for this type of learner. Flashcards, props, quizzes, and games and activities are simple and effective educational tools that fall into this category.

FLASHCARDS

FLASHCARD EXAMPLE: CELIAC DISEASE

On index cards (any size), write the name of a food on one side of the card and on the other side, write whether it contains gluten or is gluten-free. Some examples of foods to use are cottage cheese, egg, corn flakes, banana, yogurt, whole wheat bread, and pineapple juice. Ask the client to select the cards with the names of gluten-free foods. Then ask the client to explain his or her answers and discuss.

FLASHCARD EXAMPLE: HERBAL FACTS

On index cards (any size), write the name of an herb on one side and either contraindications or recommended uses on the other. Ask the client to select the cards containing herbs that are contraindicated for people with hypertension or recommended for people with diabetes, for example.

PROPS

Other useful hands-on demonstrations can be carried out using props, such as a stoplight, a thermometer, an abacus (a counting frame), poker chips, and colors.

STOPLIGHTS

The idea of a stoplight has been used successfully in nutrition counseling to convey the idea that some foods should be eaten only once in a while, some can be eaten sometimes, and some can be eaten almost anytime.⁴ The red, yellow, and green designations can also be used effectively to quantify values of foods.

STOPLIGHT EXAMPLE: TEACHING ABOUT VITAMIN K WHEN USING ANTICOAGULANTS

Divide foods with different vitamin K content into high (red), medium (yellow), and low (green) categories. Provide clients with a list of foods, including the portion size for each, and have them assign the foods to the red, yellow, or green section as appropriate for their specific dietary needs.

THERMOMETERS

Thermometers are another educational tool that can be utilized to teach concepts that involve numeracy. For example, a thermometer can teach about glucose levels, from low to high and within recommended ranges, as shown in Figure 2.2.

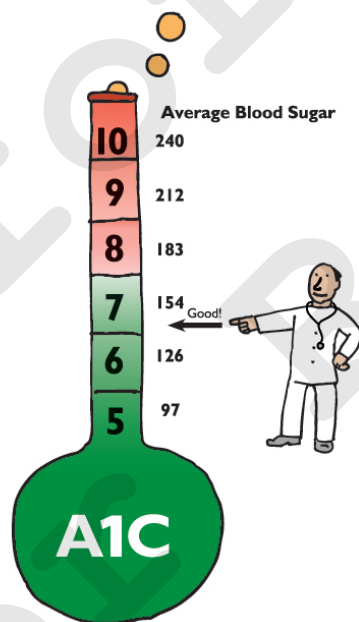


Figure 2.2: Glucose levels—thermometer example

Reproduced with permission from www.learningaboutdiabetes.org.

The thermometer can also be used to teach about cholesterol, triglycerides, and hypertension, among other concepts.

TIP *To use this tool effectively, compare the target values to the client's results. For example, explain, "The recommended hemoglobin A1c level is 7. Yours is 9."*

ABACUS

An abacus is a counting frame that originated in Africa and Asia. Although less popular in the United States, an abacus with different colors of beads can be used to teach nutrient counting. Each color of bead represents a different nutrient, and each individual bead represents a numerical value. For instance, each blue bead could represent 15 g of carbohydrate. Then, using the client's 24-hour dietary intake, you can identify the foods with carbohydrates he or she ate and determine the amount of carbohydrates consumed by "adding up" the beads. Move the beads from left to right until all of the foods with carbohydrates have been counted. This exercise helps clients see how the amount of carbohydrates adds up and how to balance their allotted "budget" by reducing portion size.

POKER CHIPS

For these activities, use three different colors of poker chips, such as red, green, and yellow.

POKER CHIP EXAMPLE: DIETARY FIBER

- **Objective: Where's the Fiber?** The goal is to teach the client that different foods contain different amounts of fiber. A client may reach a goal of 25 g a day or 8 g per meal by learning how to identify and calculate the amount of fiber in each meal.
- **Demonstration:** Have the client identify breakfast food options with low, medium, and high sources of fiber. Using food models or index cards with the names of various food options, have the client place a red chip on foods with less than 2 g of fiber per serving, a yellow chip on foods with 2 to 4 g of fiber per serving, and a green chip on foods with more than 4 g of fiber per serving. Demonstrate how to create a simple meal that contains about 10 g of fiber. Encourage the client to start thinking about his or her own food choices.
- **Practice:** After the client identifies the different foods and calculates the amount of fiber based on the amount of food (portion) consumed, instruct him or her to construct a meal containing a total of 10 g of fiber. Encourage the client to come up with more than one option, perhaps a weekend breakfast menu and a weekday one. The client should be able to plan at least one simple meal comfortably.

POKER CHIP EXAMPLE: IDENTIFY PROTEIN, CARBOHYDRATE, OR FAT FOODS

- **Objective: What Am I? Protein, Carbohydrate, or Fat?** Especially for people with diabetes, it is important to determine which foods raise blood glucose levels the most. In this instance, it becomes paramount to have the client identify which foods in a meal are the sources of carbohydrates.

- **Demonstration:** The best use of the chip method is to help clients distinguish foods with protein, carbohydrate, and fat. Assign a different color chip to foods with protein (red), carbohydrate (yellow), and fat (green). Using food models, empty food packages, or index cards, each with the name of a food clearly displayed, have the client place a chip on the corresponding food.
- **Practice:** Level 1 of the activity emphasizes one nutrient or category. However, foods are often a combination of two or more nutrients. Using two or three chips can help the client further understand this concept. For example, a glass of whole milk will be identified by using the green, red, and yellow chips (fat, protein, and carbohydrate), while nonfat milk will have only two (red and yellow).

The chip method can be used with other topics. I have successfully used it to identify the vitamin K content of different foods and to classify meals with low, medium, or high carbohydrate, sodium, or fat content.

QUIZZES

Short quizzes help the client interact with and review information. These can be incorporated orally or in written handouts. Include an answer key separately.

SAMPLE QUIZ QUESTIONS

- Barley, amaranth, and quinoa: Which one of these grains can be consumed safely in a gluten-free diet?
- A small baked potato, a cup of kidney beans, and 1 cup of pasta: Which one has the highest glycemic index/glycemic load?

FILL-IN-THE-BLANKS

Fill-in-the-blank activities can be utilized to help clients recall information and put knowledge into practice. Figure 2.3 (see [page 30](#)) shows an example of how food labels can be used to compare and contrast the nutrient values in different foods.

After the client reviews the nutrition facts in these labels, have him or her complete these fill-in-the-blanks:

- The serving size for whole-milk mozzarella cheese is _____.
- The serving size for whole-milk ricotta is _____.
- The amount of saturated fat in 1 oz of whole-milk mozzarella is _____, and the amount in 1 oz of whole-milk ricotta is _____.

FILL-IN-THE-BLANK EXAMPLE: NUTRITION FACTS REVIEW

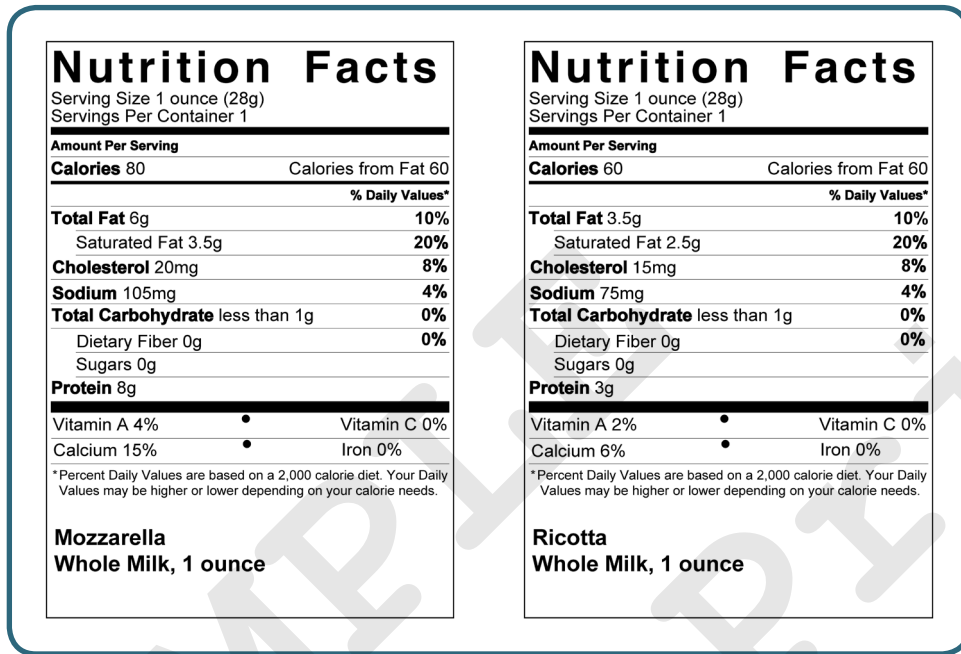


Figure 2.3: Nutrition facts example

GAMES AND ACTIVITIES

Games and activities reinforce the material the client has been taught. In the two examples below, the client is asked to circle the foods that contain carbohydrates. Pictures and photographs can be obtained using clip art, photo stock, or clients' pictures.

This example uses some traditional Hispanic foods. The client is asked to identify foods that contain carbohydrates. Figures 2.4 and 2.5 demonstrate how the activity works.

This activity can be amended to include two phases: First, have the client identify carbohydrate foods (Figure 2.4). Next, have the client list the carbohydrate foods from the least to the highest amount of carbohydrates (Figure 2.5).



Figure 2.4: Identify foods with carbohydrates

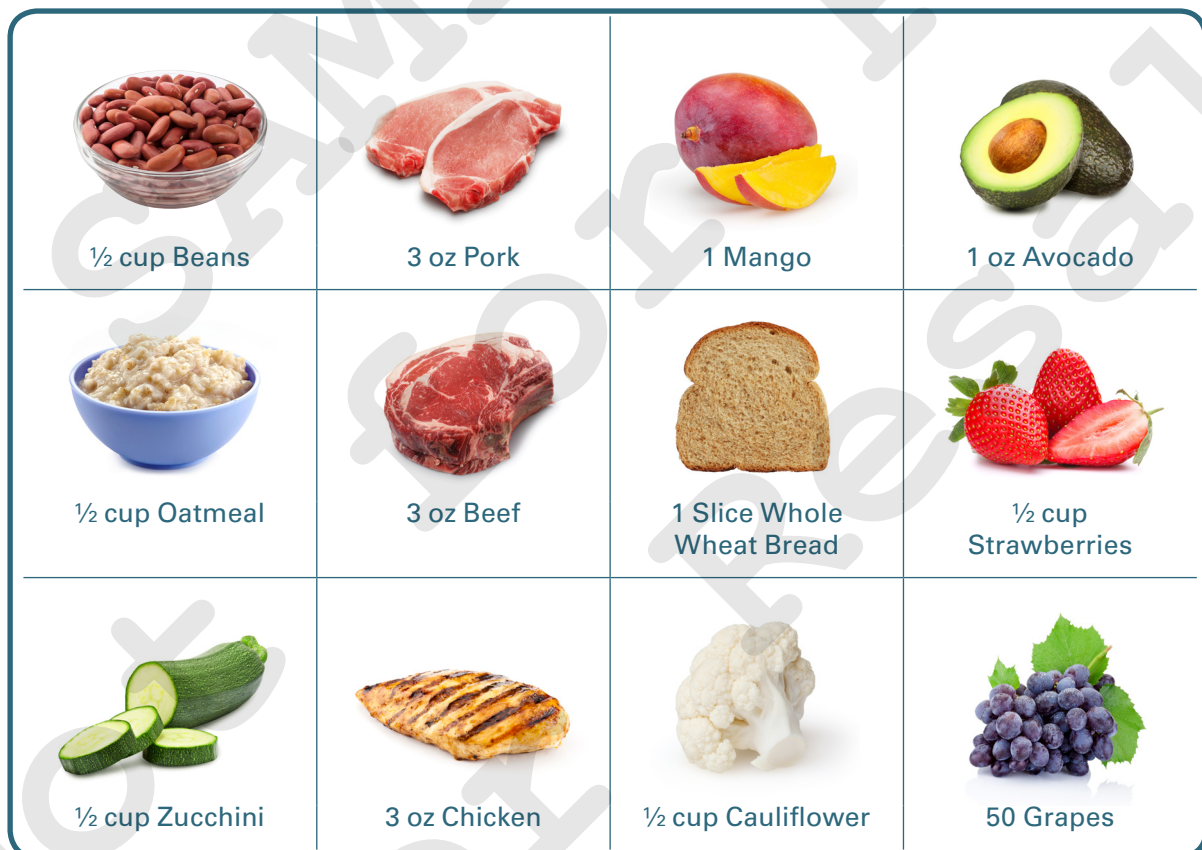


Figure 2.5: Amounts of carbohydrates

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