Assessing Dietitians' Preparedness for Eating Disorder Care: A Preliminary Needs Assessment to Inform Training and System-Level Recommendations

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Background

- Eating disorders (EDs) are complex conditions with rising global prevalence, requiring early identification to prevent long-term physical and psychological complications.
- Dietitians play a central role in ED care through medical nutrition therapy, nutritional rehabilitation, and interdisciplinary collaboration
- Despite this role, many dietitians report limited training, low confidence, and unclear role boundaries in managing ED cases, particularly in non-specialist settings.

Objective

- Assess dietitians' perceived preparedness for ED care
- Explore training exposure, confidence, and clinical experiences
- Identify gaps and areas for improvement

Methods

Phase 1: Exploratory systematic review

- Dietitians' roles in eating disorder care
- Perceived responsibilities and scope of practice
- Common challenges encountered in clinical settings

Phase 2: Needs Assessment Interviews

- N = 5 registered dietitians (Non - ED)
- Semi-structured interviews (approximately 30 minutes
- Inductive thematic analysis. Codes grouped into key themes.

Targeted recommendations at training, system, and education levels.

Structural framework

Training Exposure → Clinical Experience → Perceived Preparedness (Confidence and Competence) → System-Level Supports → Identified Gaps and Improvement Needs

Results

Theme 1 Limited Training Exposure

Minimal formal education in ED care; learning primarily informal

"I remember having only 1 class talking about different eating disorders"

Theme2 Percieved low confidence

Mean confidence score: 3.8/10, indicating low to moderate confidence.

"Even though I have seen ED. I would say... I am 2/10 confident in dealing with them"

Theme 3 Unclear interventions and Scope of Practice

Uncertain role as an RD, not sure about how much calories or FBT?

"when i do see signs I am unsure what i can do, as you know ED is psychological"

Theme 4 Lack of System-Level Support

Absence of standardized care process and referral pathways/coordination.

"In this inpatient setting we do not have a standards of care nor referal pathway for ED unless it's prediagnosed"

Recommendations

Themes from the interview	Recommendation
Limited Training Exposure	Develop structured ED training module and integrate ED training as a required
Low Confidence	Incorporate case-based learning and communication training
Role Uncertainty	Provide role clarity and clinical decision support
System-Level Gaps	Establish clear referral pathways and interdisciplinary workflows
Clinical Management Uncertainty	Include applied clinical training (nutrition management, FBT, family communication)
Institutional and Professional Gaps	Integrate ED competencies into education and continuing education

The proposed training framework

- Foundations of eating disorders (types, risk factors, Pathway, medical and nutrition implications)
- Identification and screening (red flags and early detection strategies)
- Role of the dietitian (scope of practice and referral decision-making)
- Nutrition management basics (calorie prescription, refeeding considerations, monitoring)
- Communication skills (patient-centered language and stigma reduction)
- Family engagement and FBT-informed approaches (working with caregivers, when to refer)
- Clinical exposure opportunities (shadowing or interdisciplinary learning)
- Referral pathways and system navigation

IMPLICATIONS
Improving dietitian preparedness may support earlier identification, enhance interdisciplinary care, prevent lost to follow up and improve consistency in clinical practice.

Future Directions

- Pilot testing of training framework
- Development of preparedness assessment tools
- Expansion to larger samples

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