The Role of The Virtual Dietitian


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Elaine Greenman and Adele Barnes discuss the rationale and experiences of Adele's newly appointed remote, home-working role. Using telehealth technology in Lancashire, Adele Barnes is the first KCHFT dietitian working entirely from her home office.

The COVID-19 pandemic has globally impacted methods of care giving in the healthcare setting. Virtual communication, which was then a sudden necessity with the need to isolate, is now an opportunity to further develop the successes of remote working.

Since 2005, The World Health Organisation (WHO) has promoted e-health as a "*cost-effective and secure use of ICT in support of health and health-related fields.*"[1] The WHO defines telehealth as "*delivery of health care services, where patients and providers are separated by distance. Telehealth uses information communication technology for the exchange of information for the diagnosis and treatment of diseases and injuries, research and evaluation, and for the continuing education of health professionals.*"[2]

How the virtual dietitian role came about

The KCHFT Dietetic Team is the largest dietetic service within Kent, working in a variety of different specialities. Our team is a large Paediatric Dietetic Team providing a service to acute and community infants and children, covering the usual wide range of conditions requiring oral and enteral nutrition support. Since the COVID-19 pandemic, much of our community work has been virtual – consultations, meetings and, of late, group sessions (our innovation of a virtual cows' milk allergy group session was recently awarded Silver by the Trust's Quality Improvement Team).

To complement the virtual progress made and to support our expanding virtual caseload, we decided that we would think outside the box and recruit a Band 6 Virtual Dietitian.

Adele: *With the move to virtual working at the onset of the pandemic, I was happy to connect with and support patients by video from my home in my community adult/mental health dietetic role in Lancashire. In May 2021, I took parental leave, during which time I decided to look for a virtual working telehealth position to continue this passion of technology (formerly I was an IT teacher) and my career as a dietitian.*

In my job search this virtual paediatric role within an outstanding Trust stood out for me, as not only was it remote and would enable a better work-life balance, but it was also a role in the specialist area of paediatrics that had become of more interest to me since becoming a new parent. I applied, I was successful, and commenced the role in June 2022.

Practical considerations for recruitment and induction

Elaine: *At the point of advertising, slight amendments were made to the documentation to open up the Band 6 role to virtual dietitians, but other than this, the recruitment process was not dissimilar to all post COVID-19 vacancies; interviews were held on Microsoft Teams and the TRACS process implemented to completion.*

In the recruitment process, certain details had to be addressed and although we couldn't amend the Trust's generic contract of employment, we did need to formally write a disclaimer to counteract the expectation of 'relocating across the Trust where needed' and request the omission of basic life support and manual handling from the mandatory training; neither of which would be required in a remote role.

A certain ability to methodically plan and organise was required for putting together Adele's induction. In order to provide her with the required equipment and IT access for home working, it was established that she would need to travel the ~400 miles down to the nearest tip of our Kent boundary for her first day. On the lead-up to the agreed 2-day window setup, frequent checks were made with HR/IT to confirm arrangements and minimise the chances of a failed start up or delays; time of which we did not have to spare.

Apart from the ergonomic chair which was delivered to her home; the laptop, monitor (for dual screen working), mobile phone, etc. were all delivered in time to the chosen Trust location and our booked IT support technician attended on Adele's first day to assist with windows/systems access.

The biggest challenge we encountered involved Adele's former Smartcard; ensuring this is still valid and unlocked and there is a verified 'unlocker' on site to do this is my top tip. If I had anticipated this beforehand, I would have been spared a certain level of stress as we rolled into the second day of set up.

In the knowledge that Adele was not likely to meet another team member face-to-face, we tried to gather as many of the dietitians together on her second evening for a meal, which I feel was an important part of Adele's induction.

With it being Adele's first role in paediatrics we built a comprehensive 4-month timetable to include team shadowing, self-directed learning (using the British Dietetic [BDA] Paediatric Specialist Group 2022 manual),[3] frequent tutorials and supervision sessions. We managed to include some face-to-face shadowing with Ellen Dicicco, a Health Visitor/Infant Feeding Practitioner at the HCRG Care Group in Lancashire, which was a welcome experience for Adele.

During this induction period, we were able to enrol Adele to the 'Starting Out in Paediatrics Course' that the BDA were running, which helped to consolidate a lot of her self-directed learning.

What are the challenges of remote working?

Adele: *Working from home has challenges from a health and wellbeing perspective, as there is a risk of isolation. Luckily, the Team has weekly, virtual clinical supervision meetings. We also use group chat in Microsoft Teams for clinical questions and I have a mentor who I meet regularly. Keeping in touch this way enables me to feel part of the Team and not feel isolated.*

Working at home also makes it easy to work more than the allotted hours; discipline is required to get up and walk about at lunch time and to log-off to cook the evening meal at 4:30 pm.

Elaine: *Now we are nearly 6 months into Adele's role with us, the continued considerations we need to keep in the fore are how is this working for Adele, the patient, and the Team? We ensure that Adele has the same access to clinical supervision, development, and training opportunities as the rest of the Team. She also needs to feel a part of the Team in our face-to-face team meetings; the purchase of higher specification video equipment was one way to help with this.*

Patient safety is also paramount. Although video access is available in virtual consultations, sometimes where it has been difficult to access growth measurements or difficult to engage with young adults and, particularly in cases of safeguarding concerns, virtual appointments do not always suffice. This is where the support of the rest of the Team is important in picking up these patients locally.

A typical day and the successes of remote working

Adele: *At 8:30 am, I start my computer and check my diary, clinic schedule, patient notes and emails.*

A usual clinic day will consist of a morning clinic; using video (T-Pro) or my work mobile and will include a variety of patients. I will follow up the morning clinics with documentation/letter writing/outcomes in RIO (the Trust's electronic patient record system) and deal with any other queries by email. Every week there is an opportunity to catch up with the Team over lunch, for supervision.

I finish at 4:30 pm and close my laptop.

It would be easy to presume that one of the biggest challenges of working from home would be the technology/IT equipment. So far, I have had minimal issues; KCHFT have management contingency plans for unexpected network failures, as well as a very responsive IT service desk.

In terms of work-life balance, my new position has saved me about 2 hours a day in travel time and allows more quality time as a family. I am contributing to sustainability with my dramatically reduced use of petrol, and I am also paper light, working mainly on a laptop, which is also important in preventing potential breaches of data protection in my home.

An ability to communicate, have empathy and create a good rapport with patients/carers via video/telephone is key to ensuring optimum care remotely. I believe successful remote working requires an independent and self-reliant person, capable of problem solving and finding solutions without requiring constant supervision.

Elaine: *In the main, families have responded positively to a remote approach because of the way it can fit in with their lives. Often the patient in question is one of a few children in the family and escorting them all to clinic for a short appointment can require much effort, especially if relying on public transport. Also, avoiding the social communication and interaction that can so often be a challenge for some children with autism spectrum disorder further compounds the benefit of virtual clinics.*

Conclusion/the future

We are proud to have pioneered this journey in our paediatric team and wider service. It is evident that remote working is a fundamental part of the future, despite the return to more face-to-face consultations as we learn to 'live with COVID'. Remote working in dietetics is a revolutionary area that can open up the geographical constraints, something of which has since been evidenced by the further recruitment of 4.2 whole time equivalent remote dietitians in our Adult Dietetic Team at KCHFT. This increase in remote roles can only strengthen the resource, structure, and feelings of belonging for the remote dietitians within our wider community Nutrition and Dietetics Team.

Top tips to take forward if recruiting virtual dietitians

- Thorough preparation is needed to have all aspects of access and equipment covered for the few days the dietitian might be at Trust sites (including a valid, unlocked, working Smartcard). Of note, our colleagues in the KCHFT adult team are moving one step further by sending IT equipment to the homes of the newly recruited virtual dietitians with the aim to provide systems access remotely too
- Opportunity to access clinical supervision, relevant development and training should be no different to the rest of the team
- A remote dietitian needs to feel part of the team and regular health and wellbeing chats and frequently 'checking in' is essential
- Continually monitor and review, and learn from feedback to further improve future virtual roles.

References: **1.** WHO (2016). Global diffusion of eHealth: making universal health coverage achievable: report of the third global survey on eHealth. Accessed online: www.who.int/publications/i/item/9789241511780 (Oct 2022). **2.** WHO (2022). WHO-ITU global standard for accessibility of telehealth services. Accessed online: www.who.int/publications/i/item/9789240050464 (Oct 2022). **3.** BDA (2022). BDA Paediatric Specialist Group 2022, Self-directed Learning Manual for Dietitians New to Paediatrics. Accessed online: www.bda.uk.com/uploads/assets/38570b64-8bea-4dfa-9b7168c3e32226bb/Selfdirectedlearningmanual-FINAL-February-2022-pdf.pdf (Oct 2022).