SISFFIT025 Recognise the dangers of providing nutrition advice to clients

SISFFIT026 Support healthy eating through the Eat for Health Program

ASSESSMENT FOR SISFFIT025 & SISFFIT026

Student name	
Date of assessment submission	Click here to enter a date.

Trainer/Assessor's name	
Date of assessment marking	Click here to enter a date.
Outcome for units	☐ Competent ☐ Not Yet Competent

TASK INSTRUCTIONS

- The assessment for these units of competency consists of the following:
  - **Quiz:** You are required to complete a series of multiple choice questions to demonstrate your knowledge and skills.
  - **Short answer activities:** You are required to provide short written responses to a series of activities to demonstrate your knowledge and skills.
  - **Case studies:** You are required to provide written responses to a series of case study scenarios to demonstrate your knowledge and skills.
  - **Practical tasks:** You will be required to put your knowledge and skills into practice, through observed tasks and work experience.
- At times, you will be provided with a specific context to which you must respond, otherwise it is anticipated that you will use a scenario of your choosing to provide context to the task.

QUIZ

QUESTIONS	CORRECT
1. Which of the following is not a macro-nutrient: ☐ Carbohydrates ☐ Protein ☐ Fats ☒ Minerals	☐
2. Nutrients that are absorbable components within food from which energy is attained are known as: ☐ Micronutrients ☒ Macronutrients ☐ Vitamins ☐ Minerals	☐
3. What is considered 'overweight' in BMI? ☐ < 18.5 ☐ 18.6 – 25 ☒ 25 – 29.99 ☐ > 30.00	☐
4. What is RDI? ☒ Given for the daily intake of nutrients for people of different ages and gender ☐ Identifies potential risks of adverse effects ☐ Derived from EAR but takes into account the different absorption and metabolic rates of nutrients ☐ Refers to intake of energy sources associated with reduced risk of chronic disease	☐
5. Identify whether each of the following professionals have a role in providing and applying the following nutritional information and advice to clients in the following situations. Select all that apply.	☐

Situation	Personal Trainer	Nutritionist	Accredited Practising Dietitian	Accredited Sports Dietitian	General Practitioner
Provide nutritional advice	☐	☒	☒	☒	☐
Prescribe meal plans	☐	☐	☒	☒	☐
Provide dietary treatments	☐	☐	☒	☒	☐
Weight loss support	☒	☒	☒	☒	☒
Exercise prescription	☒	☐	☐	☐	☐

6. Identify who should provide a referral in the following situations. Select all that apply. ☐

Situation	Accredited Practising Dietitian	Accredited Sports Dietitian	General Practitioner
Clients with very high volume or high intensity training loads, or participation in organised sport	☐	☒	☐
When clients have specific questions regarding dieting, diet trends, supplementation, sports foods, ergogenic aids	☒	☒	☒
Clients with specific or real special dietary needs	☒	☐	☒
Clients who are not achieving their goals when following the Australian Dietary Guidelines	☒	☐	☒
Clients who need support regarding attitudes towards eating	☒	☐	☒

7. Which of the following activities can a Personal Trainer perform for a client? Select all that apply. ☐

- ☒ Assess eating habits based on Dietary Guidelines
- ☐ Design or disseminate a daily or weekly meal plan with specific foods, unless this has been developed and endorsed by an Accredited Practising Dietitian (APD)
- ☐ Nutritional assessment to determine individual nutritional needs and nutritional status and to recommend nutritional intake
- ☒ Discuss foods to be included in a healthy diet
- ☐ Provide advice to clients regarding food allergies or intolerances, other than the referral to a General Practitioner or Accredited Practising Dietitian
- ☐ Provide advice to take a dietary supplement without a referral to a Doctor or Dietitian prior to taking the supplement
- ☒ Provide practical examples of how to meet the Dietary Guidelines
- ☐ Provide advice to clients to avoid a specific food group
- ☐ Provide specific dietary advice for people with chronic disease

Outcome for Quiz	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

SHORT ANSWER ACTIVITIES

ACTIVITY 1

You will refer to a range of different guidelines, policies and procedures when working with clients. Consider the following:
Consider the role of the Australian Dietary Guidelines:

a) Australian Dietary Guidelines:
   - What is the purpose and use of this document?
   - List and explain the five (5) dietary guidelines
   - Explain the limitations of this document

b) Weight Management Code of Practice
   - What the purpose and objective of this document?
   - What organisation administers this document?
   - Identify the website URL where you can find more information on this document

c) Organisational policies and procedures
   - Identify two (2) organisational policies/procedures that apply when referring a client to a medical or Allied Health Professional

d) Sources of information for healthy eating
   - Name at least three (3) appropriate sources of healthy eating information for clients

Australian Dietary Guidelines

The purpose and use of this document is to provide information about the types and amounts of foods, food groups and dietary patterns that aim to:

- Promote health and wellbeing;
- Reduce the risk of diet-related conditions, such as high cholesterol, high blood pressure and obesity; and
- Reduce the risk of chronic diseases such as type 2 diabetes, cardiovascular disease and some types of cancers.

The five Australian Dietary Guidelines are:

- To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.
- Enjoy a wide variety of nutritious foods from these five food groups every day
- Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.
- Encourage, support and promote breastfeeding.
- Care for your food; prepare and store it safely

Limitations

- The guidelines were developed from a modeling process. The intent was to provide a technical document that could be used to inform the revisions to the Australian Guide to Healthy Eating (AGTHE98) and be referred to in the revision of the Australian Dietary Guidelines. The specific food groups and serve sizes used in the modelling exercise will not necessarily be those used in future food guides but will be used to inform final groupings and practical serve sizes.
- The food group parameters set by the NHMRC to address issues of chronic disease, health and wellbeing theoretically challenged the ability of the modelling program to attain some RDIs within the energy constraints of the Foundation Diets.
- RDIs are set for the needs of 97.5% of an age/gender group and EARs for the median needs of the group.
- Use of composite foods based on current consumption
- Current intake patterns may not be ideal when compared to dietary models. Basing modelling on current usage may lead to higher than necessary amounts for a given food group if the foods from that group currently consumed are dominated by individual foods

with lower nutrient density. For example, in the CFG94 analysis, potatoes, which have relatively low nutrient density compared to other vegetables, constituted 53% of the vegetable category. If a lower contribution from potatoes had been modelled (e.g. 25%), this would have had marked effects on the number of serves of 'vegetables' needed. The same could be true in relation to use of wholegrain versus refined cereals. The inclusion of sub-groups (such as darker green, orange or starchy vegetables and wholegrain and refined cereals) in the modelling helps to resolve some of these issues. Foods used in modelling The 7-day modelling included a limited number of representative foods for each of the food groups and also from the additional categories of foods. Not all foods were therefore represented in this model. This is a common type of constraint for most modelling methodologies. It should also be noted that the modelling did not take into account any discretionary use of salt

- Limited data on current intakes

Reference:
https://www.eatforhealth.gov.au/sites/default/files/files/public_consultation/n55a_dietary_guidelines_food_modelling_111216.pdf

Weight Management Code of Practice

The Code provides a comprehensive guide for the protection of consumers' rights and the conduct of weight management businesses.

The Weight Management Council Australia Ltd administers the Weight Management Code of Practice.

http://www.weightcouncil.org/industry/weight-management-code-of-practice.htm

Policies and procedures

- Privacy
- Consent
- Communication protocols
- Records management and security

Healthy eating information

- Eat for Health website / Australian Dietary Guidelines: https://www.eatforhealth.gov.au/
- Nutrition Australia: http://www.nutritionaustralia.org/
- Department of Health (Australia): http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-food-resources.htm
- Various State and Territory government agencies / websites
- Australian Heart Foundation: http://heartfoundation.org.au/healthy-eating

Outcome for Activity 1	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

ACTIVITY 2
What professional organisation would you refer to in finding out what your scope of practice is as a personal trainer with regards to nutritional information? What does the personal trainer's scope of practice cover and not cover with regards to sharing nutritional information?

Professional organisation
Fitness Australia
Scope of practice
A Registered Exercise Professional with the categories Personal Trainer, Gym Instructor and/or Group Exercise Instructor has a scope of practice that includes: • Provision of general nationally endorsed public health • Information that will educate and support positive client health outcomes The Registered Exercise Professional Scope of Practice does not include: • Provision of nutritional advice outside of basic healthy eating information and nationally endorsed nutritional standards and guidelines

Outcome for Activity 2	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

ACTIVITY 3

When acquiring information regarding a client's physical activity and eating patterns, you will gather a range of information:

a) Provide an example of one (1) open question and (1) closed question you may ask the client.
b) Provide an example of one (1) long-term and one (1) short-term goal a client may have related to healthy eating.
c) What steps can a personal trainer take to protect their clients' personal information?

Open question

Tell me about your daily eating regime from the time you get up until the time you go to bed.

Closed question

Anything that is a yes or no answer or is very definitive. E.g., Do you participate in at least 15 minutes of continuous 'fitness' walking per day?

Long-term goal

To begin implementing healthy eating habits on a daily basis that will increase my overall health.

Other healthy eating goals may be related to the following:

- Eating more vegetables: Eat a dark green vegetable every day this week.
- Cooking and eating home more: Make one new healthy recipe for dinner this week.
- Eating out less often: I will pack my lunch from home 3 days this week rather than eating out.
- Getting more active: Go for a walk with a friend for 15 minutes 2 times this week.

Short-term goal

To eat at least 2 servings a fruit each day.

Protecting personal information

- Only collect information you need.
- Don't collect personal information about an individual just because you think that information may come in handy later.
- Tell people how you are going to handle the personal information you collect about them.
- Think about using personal information for a particular purpose.
- Think before disclosing personal information.
- If people ask, give them access to the personal information you hold about them.
- Keep personal information secure.
- Don't keep information you no longer need or that you no longer need to retain.
- Keep personal information accurate and up to date.
- Consider making someone in your organisation or agency responsible for privacy.

Outcome for Activity 3	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

ACTIVITY 4

Referring to the Eat for Health Program and Eat for Health Educator Guide, respond to the following:

a) Identify the purpose and use of the Eat for Health Program and Eat for Health Educator Guide
b) What are the limitations for a personal trainer in providing the Eat for Health Program to a client?
c) State at least one (1) advantage and one (1) disadvantage of eating patterns using the Eat for Health Educator Guide
d) Describe the following levels of physical activity: Sedentary, Light, Moderate, Vigorous
e) Explain the difference between sedentary and incidental physical activity and provide examples of each type
f) Identify at least three (3) influences of food choices

Purpose

- Support implementation of the Australian Dietary Guidelines
- Use concepts such as the Foundation Diet and Total Diet that assist clients to plan healthy eating

Limitations for personal trainers

The program does not apply to people with medical conditions requiring specialised dietary advice, or to frail elderly people who are at risk of malnutrition.

Eating patterns

Advantages: A person has a benchmark to measure one's eating pattern to determine if it is healthy or unhealthy.

Disadvantage: May not take into account the challenges of rural / regional situations, indigenous, etc.

Description of activity level	
Sedentary	Mainly involve sitting or lying down, using little energy
Light	Include standing and moving around in the home, workplace or community
Moderate	Require some effort but you can still have a conversation. For example, walking briskly, gentle swimming or social tennis
Vigorous	Make you huff and puff, so talking is difficult. Vigorous activities include jogging, aerobics and sports like football and netball

Sedentary vs Incidental

Sedentary physical activity (SED)

- Any waking activity characterized by an energy expenditure ≤ 1.5 metabolic equivalents and a sitting or reclining posture
- Any time a person is sitting or lying down, they are engaging in sedentary behaviour.
- Common sedentary behaviours include TV viewing, video game playing, computer use (collective termed "screen time"), driving automobiles, and reading.

Incidental physical activity (IPA)

- Consists primarily of light physical activity (LPA) and sporadic (i.e., bouts lasting <10

min) Moderate-to-Vigorous Physical Activity (MVPA)
- Accrued through activities of daily living (ADLs)
- Includes, but is not limited to, activities such as dusting, vacuuming, and raking the lawn

Influences
• Where people live and how they live can also influence what is eaten. • It can be difficult for those on limited incomes, as the cheapest foods may not be the best choices for health and wellbeing. • Australians living in rural and remote areas may also have difficulty accessing nutritious foods, especially perishable items including vegetables and fruit. • Food security may be a challenge for some groups, particularly Aboriginal and Torres Strait Islanders. • Foods which are readily available in communities and most heavily advertised are often discretionary choices which are high in saturated fat, added sugars, added salt and alcohol.

Outcome for Activity 4	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

ACTIVITY 5

Complete the following table about micronutrients, outlining details about:

a) Function
b) Sources
c) Deficiency symptoms
d) RDI or AI (adults)

Mineral	Function	Sources	Deficiencies	RDI or AI (adults)
Sodium	Essentially work together with potassium to conduct nerve impulses.	Table salt, meat, milk, cheese, seafood, spinach, celery	Hyponatremia	460-920 mg/day (AI)
Potassium	Forms part of your skeleton. Also involved in the making of new muscle glycogen and converting the glycogen to energy. Reduces muscle acidity therefore making it important for muscle contractions.	Leafy green vegetables, vine fruit such as tomatoes, cucumbers, zucchini, eggplant and pumpkin, and root vegetables Moderate: apples, oranges and bananas, milks and yoghurts and meat	Muscle Cramps, Muscle Fatigue and Weakness, Irregular Heartbeat, Fatigue, Mental Confusion, Irritability, Abnormally Dry Skin, Insatiable Thirst, Chills, Depression, Nausea and Vomiting, Nervousness, Insomnia, Diarrhoea, Low Blood Pressure, Periodic Headaches, Salt Retention, Constipation, High Cholesterol Levels, Glucose Intolerance, Impaired Growth, Edema, Extreme cases, cardiac arrest	AI 3800 mg/day (men) 2800 mg/day (women)
Calcium	Provides strength to bones, helps with nerve impulses and muscle contractions.	Milk and milk-based foods, with smaller amounts in bony fish, legumes and certain nuts, fortified soy beverages and breakfast cereals	Osteoporosis, teeth problems	1,000 mg/day (RDI)
Magnesium	Found in your bones and is essential for energy processes.	Most green vegetables, legumes, peas, beans and nuts are rich in magnesium, as are some shellfish and spices	Neurologic or neuromuscular defects that may develop with time into anorexia, nausea, muscular weakness, lethargy, weight loss, hyper-	RDI 320 mg / day (women) 400 mg/day (men)

			irritability, hyper-excitability, muscular spasms, tetany and finally convulsions	
Iodine	Needed for the proper functioning of the body's thyroid gland and is responsible for the making of thyroid hormones - thyroxine and triodothyronine, which controls metabolism	Sea foods, milk and cereals and vegetables from areas with high iodine content in the soil, iodised table salt	Iodine deficiency disorders, Thyroid problems, slow mental reaction, weight gain, and the lack of energy, hypothyroidism	150 µg/day
Iron	Important for the formation of haemoglobin (the component of blood that carries oxygen)	Wholegrain cereals, meats, fish and poultry	Fatigue, listlessness and pallor and may progress to anaemia	45 mg/day (UL)
Zinc	Important in a number of major metabolic processes, among them the synthesis of protein and nucleic acid and the synthesis and action of insulin	Oysters, meat, fish, poultry, eggs, wholegrain cereals, peanuts	Delayed wound healing, impaired immune function, and problems with taste and smell acuity	RDI 14 mg / day (women) 8 mg/day (men)
Selenium	Functions as a powerful antioxidant, especially when combined with vitamin E	Brazil nuts, oats, red grapes, seafood, liver, wheat germ, bran, tuna, onions, tomatoes, broccoli, garlic, brown rice, whole grains, chicken, and kidney	Problems with the thyroid gland, Keshan's Disease, Kashin-Beck Disease, impaired immune system	RDI 60 µg/day (women) 70 µg/day (men)

Outcome for Activity 5	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

ACTIVITY 6

Understanding nutritional needs is extremely important. Consider the following:

a) Identify six (6) client groups that may have specific nutritional needs.
b) Identify at least three (3) strategies you would use to recognise when a client requires referral to a medical practitioner or appropriate Allied Health Professional
c) Explain the difference between a dietitian and a nutritionist
d) Calculate the RDI of protein for the following clients:
   - 82kg male
   - 59kg female
e) Describe the difference between Foundation Diets and Total Diets
f) Explain the difference between a General level health claim and a High level health claim that you may see on a food label
g) Explain the benefits of combining healthy eating and moderate physical activity

Clients with specific needs

- Pregnant or lactating women
- Very underweight, overweight or obese
- Impaired Glucose Tolerance, Impaired Fasting Glucose or strong family history of Type 2 Diabetes
- Type 1 or Type 2 diabetes
- Cardiovascular disease, Renal disease or Liver disease
- Food allergies and intolerances
- Diagnosed with, undergoing treatment for, or recovering from cancer
- Frail elderly
- Mental illness
- High intensity and high volume exercise or sport

Strategies to recognise referral

- Be aware of personal and professional scope of practice
- Have a professional network of medical practitioners or appropriate allied health professionals especially accredited dietitians.
- Have an organisational policy / procedures on what to do when referring a client to an AHP or medical practitioner.

Dietitian vs Nutritionist

A Nutritionist will usually have completed a tertiary qualification in any number of fields, including nutrition, food science and public health. The main role of a nutritionist is to help people achieve optimal health by providing information and advice about health and food choices.

Dietitians are tertiary qualified in food, nutrition and dietetics. Qualified Dietitians have undertaken a course of study that has included supervised and assessed professional practice in public health nutrition, medical nutrition therapy and food service management.

The main difference between the two professions is that only a Dietitian (with an accreditation from the Dietitians Association of Australia) is qualified to provide medical nutrition therapy or clinical nutrition consultations in either an individual or group setting.
Reference: http://www.nutritionaustralia.org/national/nutritionist-or-dietitian-which-me

RDI

(i) 68.9 g
(ii) 44.25 g

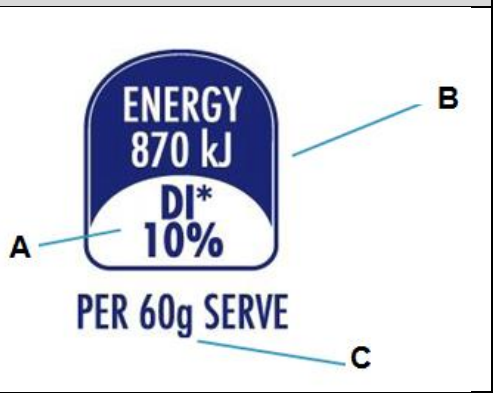
Diet types
Foundation Diets The dietary patterns were developed in consideration of the inter-relationships between nutrients, foods, food groups and whole diets, with the aim of producing sets of food groups that combined to produce what are called. The Foundation Diets include only foods from the Five Food Groups and an allowance for unsaturated spreads and oils and are designed to provide all the nutrient needs of a particular age, gender or life stage within the energy needs of the smallest, and most inactive member of that group. Total Diets Dietary patterns which meet energy needs; most of the foods come from vegetables and legumes/beans, fruit and grain (cereal) foods, nuts and seeds but some extra choices could also come from milk, yoghurt, cheese and alternatives, lean meats and poultry, fish, eggs and/or unsaturated spreads and oils. Extra choices could also come from discretionary foods. Reflects the additional energy requirements related to the individual's body size and activity levels, while allowing some flexibility for personal food preferences.
Health claims
• General level health claims refer to a nutrient or substance in a food and its effect on a health function. For example: calcium is good for bones and teeth. • High level health claims refer to a nutrient or substance in a food and its relationship to a serious disease or to a biomarker of a serious disease. Example: Diets high in calcium may reduce the risk of osteoporosis in people 65 years and over. Example of a biomarker health claim is: Phytosterols may reduce blood cholesterol.
Healthy eating and physical activity
There is increasing evidence that a healthy diet reduces the risk of excessive weight gain. However, the combination of healthy dietary patterns and increasing physical activity is more effective for weight loss and maintenance of weight loss than just restricting energy intake.

Outcome for Activity 6	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

ACTIVITY 7

Respond to the following activities regarding food labels:

a) Refer to the food label shown below and identify what has been labelled as A, B and C
b) Identify appropriate benchmarks that people should look for when examining food labels.
c) Identify any nutrient claims or health claims on the frozen food box shown. Identify if it is a nutrition or health claim.

Parts of the food label		
A	The percentage of an average adult's daily energy intake from 1 serve.	
B	The amount of energy provided by 1 serving	
C	The recommended serving size	

Amount	**Statement**
10	Generally, choose foods with less than ____g per 100g of Total Fat.
2	For milk, yogurt and ice cream, choose less than ____g per 100g of Total Fat.
15	Less than ____g per 100g is best for Saturated Fat.
15	If sugar content per 100g is more than ____g, check that sugar is not listed high on the ingredient list.
3	Fibre: Choose breads and cereals with ____g or more per serve
120	Food with less than 400 mg per 100g are good, and less than ____g per 100g is best.

Parts of the food label		
Nutrient content claims	97% fat free Low saturated fat and cholesterol Calorie controlled meal No artificial colours, flavours or preservatives.	
Health claims	There are no health claims cited on this box.	

Outcome for Activity 7	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

ACTIVITY 8

Respond to the following activities regarding food labels.

a) Go to the supermarket and analyse the food labels for two (2) different types of 'health bars' (e.g. protein bars). Compare the two products, placing your findings in the table below and responding to the associated questions.
b) Go to the supermarket and analyse the food labels for two (2) different types of 'healthy' frozen dinner (e.g. Lean Cuisine, Weight Watchers, Healthy Choice, Super Nature SuperFoods). Try to compare similar meals (e.g. a Thai Green Curry meal with another Thai Green Curry meal, not with a Beef Lasagne meal). Compare the two products, placing your findings in the table below and responding to the associated questions.

Take photos of the food labels you use for this activity, as well as the packaging for the product. When comparing the nutrients, use the 'Per 100g' column on the label. An example of a food label to be attached is shown below:

Nutrition Information

SERVINGS PER PACKAGE: 1 SERVING SIZE: 280g

AVERAGE QUANTITY	PER SERVING	% DAILY INTAKE^ PER SERVING	PER 100g
ENERGY			
- KILOJOULES	1300kJ	15%	465kJ
- (CALORIES)	(311 Cal)		(111 Cal)
PROTEIN	12.0g	24%	4.3g
FAT			
- TOTAL (*1.7% of meal)	4.8g	7%	1.7g
- SATURATED	3.1g	13%	1.1g
- TRANS	less than 1g		less than 1g
- POLYUNSATURATED	0.6g		0.2g
- MONOUNSATURATED	1.1g		0.4g
CHOLESTEROL	14mg		5mg
CARBOHYDRATE	52.6g	17%	18.8g
- SUGARS	3.1g	3%	1.1g
SODIUM	630mg	27%	225mg

^Percentage Daily Intakes are based on an average adult diet of 8700kJ. Your daily intakes may be higher or lower depending on your energy needs.

Ingredients

Cooked rice (45%) (water, rice), water, cooked marinated chicken (10%) (chicken, water, tapioca starch, natural chicken flavour, **soy**, salt, mineral salts (451, 450)), beans (5%), peas (5%), coconut milk powder (contains **milk**), green curry paste (2%) (contains **prawn**, chilli), **wheat** flour, thickener (1422), brown sugar, **fish** sauce powder, yeast extract, garlic, chilli flakes.

Contains soy, milk, crustacea, wheat and fish.
Made on equipment that also processes products containing egg, peanut and sesame.

Photographs: Health Bars

Health Bar 1: Food Label

Health Bar 1: Food Packaging

Health Bar 2: Food Label

Health Bar 2: Food Packaging

	Health Bar 1	How does it compare to the recommendations?	Health Bar 2	How does it compare to the recommendations?
Name of Product				
Servings / Package				
Serving Size				
Energy (kJ)				
Protein (g)				
Protein DI %				
Total Fat				
Fat DI %				
Saturated Fat				
Sat Fat DI %				
Carbs (Total)				
Ttl Carbs DI %				
Sugars				
Sugar DI %				
Fibre				
Fibre DI %				
Sodium				
Sodium DI %				

Discussion: Health Bars
Discuss your findings, including the amount of sugars, carbs kilojoules, etc.
Assessor's discretion
What nutrition claims and/or health claims were made on the packaging?
Assessor's discretion
Which health bar was 'healthier' when comparing it to the Australian Dietary Guidelines and the Eat for Health Educator Guide? Explain your response.
Assessor's discretion

Photographs: Frozen Meal

Frozen Meal 1: Food Label

Frozen Meal 1: Food Packaging

Frozen Meal 2: Food Label

Frozen Meal 2: Food Packaging

	Frozen Meal 1	How does it compare to the recommendations?	Frozen Meal 2	How does it compare to the recommendations?
Name of Product				
Servings / Package				
Serving Size				
Energy (kJ)				
Protein (g)				
Protein DI %				
Total Fat				
Fat DI %				
Saturated Fat				
Sat Fat DI %				
Carbs (Total)				
Ttl Carbs DI %				
Sugars				
Sugar DI %				
Fibre				
Fibre DI %				
Sodium				
Sodium DI %				

Discussion: Frozen Meal
Discuss your findings, including the amount of sugars, carbs kilojoules, etc.
Assessor's discretion
What nutrition claims and/or health claims were made on the packaging?
Assessor's discretion
Which frozen meal was 'healthier' when comparing it to the Australian Dietary Guidelines and the Eat for Health Educator Guide? Explain your response.
Assessor's discretion

Outcome for Activity 8	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

ACTIVITY 9
Find a diet in a national 'general public' magazine (not muscle, sport or fitness related). Provide a copy of the article/diet and respond to the following questions: a) What is the 'diet' plan? b) Identify one (1) advantage and one (1) disadvantage of the diet. c) What 'merit' does this 'diet' have, if any? Justify your answer. d) How does the 'diet' meet the Australian Dietary Guidelines / Australian Guide to Healthy Eating? If it doesn't, where does it fall short? e) What would you tell your client about this diet if she brought it to you?

Copy of article and/or website URL
Website URL
Assessor's discretion

	Responses
a)	Assessor's discretion
b)	Assessor's discretion
c)	Assessor's discretion
d)	Assessor's discretion
e)	Assessor's discretion

Outcome for Activity 9	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

CASE STUDIES

CASE STUDY 1
Kate is a 31-year old pregnant woman in her first trimester. She has been to her GP and OB/Gyn and they have approved for her to continue her training sessions as she has been an avid gym-goer for many years. Kate has noticed she has been gaining weight more than what she thinks is appropriate. She has come to you for advice, as she has been your client for the past three years. Respond to the following questions: a) What are the risks/considerations of providing incorrect nutritional information to this client? b) Who would be the appropriate health professional/s to refer this client to? Explain your response.

	Responses
a)	• A pregnant woman needs to boost her nutrient intake, rather than her kilojoule intake. • Pregnancy creates extra demands for certain nutrients, including iron and folate. • Good food hygiene is particularly important during pregnancy to avoid listeria infection and salmonella risk.
b)	• Accredited Practising Dietitian • OB/Gyn • GP

Outcome for Case Study 1	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

CASE STUDY 2
Gerry is a 10-year old boy recently diagnosed with Type 1 diabetes. His parents want him to partake in physical activity to help reduce his weight. Respond to the following questions: a) What are the risks/considerations of providing incorrect nutritional information to this client? b) Who would be the appropriate health professional/s to refer this client to? Explain your response.

	Responses
a)	• Must ensure that the adults are involved in the child's diabetes management. • Should understand the normal stages of childhood and adolescent development and how they affect diabetes management • Must understand the different management approaches to type 1 and type 2 diabetes as their management is different • For prolonged vigorous exercise, hourly blood glucose monitoring during the exercise, as well as blood glucose monitoring after completion of exercise, is recommended to guide carbohydrate intake and prospective insulin dose adjustment for recurring exercise events
b)	Diabetes team consisting of a paediatric endocrinologist, a nurse educator, a dietitian, and a mental health professional

Outcome for Case Study 2	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

CASE STUDY 3
Mary has been your client for over two years with no known ailments or food allergies or intolerances. Recently, during one of her training sessions, she shared with you that she has begun to feel sluggish after meals. Mary hasn't really changed anything with her diet though she has started eating more nuts as well as been taking a new protein powder shake in the morning. She asked if you would look at her nutritional plan she made for herself. Respond to the following questions: a) What are the risks/considerations of providing incorrect nutritional information to this client? b) Who would be the appropriate health professional/s to refer this client to? Explain your response.

	Responses
a)	Without proper testing, the trainer could suggest to the client certain foods which could set off anaphylactic shock or some other allergic reaction. She may have also developed an intolerance to wheat.
b)	Accredited Practising Dietitian

Outcome for Case Study 3	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

CASE STUDY 4
Jack is a 55 year old who has had a history of chronic kidney disease. He hasn't been to a gym for over three years and would like to get back into it. Jack thinks he has a pretty good diet though he is open to any suggestions you have to be healthier, including nutrition. Respond to the following questions: a) Why is nutrition important for someone with advanced chronic kidney disease (CKD)? b) What are the risks/considerations of providing incorrect nutritional information to this client? c) Who would be the appropriate health professional/s to refer this client to? Explain your response.

	Responses
a)	A person may prevent or delay some health problems from CKD by eating the right foods and avoiding foods high in sodium, potassium, and phosphorus. Learning about calories, fats, proteins, and fluids is important for a person with advanced CKD. Protein foods such as meat and dairy products break down into waste products that healthy kidneys remove from the blood.
b)	• If you suggest eating more protein than the body needs, it may put an extra burden on the kidneys and cause kidney function to decline faster. • Saturated fats and trans-fatty acids can raise blood cholesterol levels and clog blood vessels. • Too much sodium in a person's diet can be harmful because it causes blood to hold fluid. People with CKD need to be careful not to let too much fluid build up in their bodies. The extra fluid raises blood pressure and puts a strain on the heart and kidneys. • Damaged kidneys allow potassium to build up in the blood, causing serious heart problems.
c)	Accredited Practising Dietitian to offer medical nutrition therapy

Outcome for Case Study 4	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

CASE STUDY 5
Fran brought her mother, Josephine, into the local community centre. Josephine is 89-years of age with a frail body but acts and has a positive mental attitude similar to her younger years. She is only 138 cm tall and weighs 50 kg. She just wants to do very light weights to keep 'moving'. Fran is also concerned that Josephine has lost her appetite a bit is keeps losing weight. Respond to the following questions: a) What is the purpose of screening frail elderly clients for nutritional risk? Does screening diagnose malnutrition? b) What are the risks/considerations of providing incorrect nutritional information to this client? c) Who would be the appropriate health professional/s to refer this client to? Explain your response.

	Responses
a)	Screening does not diagnose malnutrition. It is used to identify those who may be at risk and require referral to a dietitian. The dietitian will do a nutritional assessment.
b)	• The client can get unexpected weight gain or possibly weight loss especially if doing physical activity. • If a person is underweight, even one or two days of reduced food and fluid intake can rapidly lead to severe weight loss. • If an overweight person is on a very restricted diet for weight loss, they are at risk of muscle wasting and so are at greater risk of falling
c)	Accredited Practising Dietitian, GP

Outcome for Case Study 5	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

CASE STUDY 6
Mary is currently undergoing treatment for breast cancer using chemotherapy. She has her good days and bad days and still wants to keep up her workouts as much as possible. Mary has an excellent oncologist though seems to get mixed information about what kind of nutritional supplements would be good for her to take while continuing her workouts. She thought maybe you would know. Respond to the following questions: a) What are the benefits for Mary using vitamin and mineral supplements? b) Mary also asks you if it was safe to take antioxidant supplements during cancer treatment. What are the risks if you gave her wrong information? c) Who would be the appropriate health professional/s to refer this client to? Explain your response.

	Responses
a)	Dietary supplements should be used when your doctor tells you to take them because of a deficiency of a certain nutrient. Do not take vitamins or other supplements to get higher than recommended levels of nutrients—this may do more harm than good.
b)	Many cancer doctors advise against taking high doses of antioxidant supplements during chemotherapy or radiation. There is a concern that the antioxidants might repair the damage to cancer cells that these cancer treatments cause, making the treatments less effective. Whether antioxidants or other supplements are helpful or harmful during chemotherapy or radiation treatment is a major question; until more evidence is available, it's best for cancer survivors getting these treatments to avoid dietary supplements except to treat a known deficiency of a certain nutrient, and to avoid supplements that give more than 100% of the Daily Value for antioxidants.
c)	Accredited Practising Dietitian

Outcome for Case Study 6	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

CASE STUDY 7
Robert has decided it is time to join a gym. After you have conducted an assessment, you find he has a BMI of 32. Robert also has knee pain and shortness of breath walking up the stairs. He tends to have a high sugar and fat diet, with his favourite meal being meat-lover's pizza and diet coke. Robert hasn't been to a GP for quite some time. Respond to the following questions: a) What are the risks/considerations of providing incorrect nutritional information to this client? b) Who would be the appropriate health professional/s to refer this client to? Explain your response.

	Responses
a)	Due to Robert's current eating habits, he could have diabetes without knowing it.
b)	GP, Accredited Practising Dietitian

Outcome for Case Study 7	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

CASE STUDY 8
Frank, a 35-year old African, has been diagnosed with impaired Glucose Tolerance and has been told by his GP that he should go on a fitness program to reduce his weight and as a lifestyle intervention. Respond to the following questions: a) What are the risks/considerations of providing incorrect nutritional information to this client? b) Who would be the appropriate health professional/s to refer this client to? Explain your response.

	Responses
a)	If not using the proper nutritional intervention, Frank's condition could progress to type 2 diabetes. Additionally, impaired Glucose Tolerance is associated with an increased risk of cardiovascular disease. Frank needs an eating plan with high fibre, low fat and lots of fruit and vegetables.
b)	Nutritionist, possibly a Diabetes Educator, Accredited Practising Dietitian

Outcome for Case Study 8	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

CASE STUDY 9
Mary is in her early 20s and was a former high-level gymnast to which she constantly watched her weight. Since her 'retirement' from the sport she is extremely thin and not height/weight proportionate. Mary still works out seven days a week to ensure she keeps her weight down and has a very strict vegetarian diet. She hasn't had her period for quite some time. Mary is concerned that the workout program you have put her on will increase her weight. Respond to the following questions: a) What are the risks/considerations of providing incorrect nutritional information to this client? b) Who would be the appropriate health professional/s to refer this client to? Explain your response.

	Responses
a)	In this case it is not so much providing incorrect nutritional information, it is more important for Mary to seek professional help to deal with possible anorexia nervosa due to the three signs she is displaying: refusal to maintain a healthy body weight, an intense fear of gaining weight, and a distorted body image. The food and weight-related issues are symptoms of something deeper: things like depression, loneliness, insecurity, pressure to be perfect, or feeling out of control. Things that no amount of dieting or weight loss can cure..
b)	Medical doctors, psychologists, counsellors, and dietitians.

Outcome for Case Study 9	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

CASE STUDY 10
Barry has just taken up High-Intensity Interval Training (HITT) and has been noticing a change in his energy. He has come to you to look at the program he developed (researching the internet) and also to ask you what you have been doing as you have made great progress since doing HITT and Cross-Fit training. Respond to the following questions: a) What are the risks/considerations of providing incorrect nutritional information to this client? b) Who would be the appropriate health professional/s to refer this client to? Explain your response.

	Responses
a)	Many athletes fall into the trap of becoming reliant on sports food supplements, believing this to be the only and/or best way to meet their recovery goals. This often results in athletes "doubling up" with their recovery, consuming a sports food supplement that meets certain recovery goals e.g. liquid meal supplement, then following this up soon afterwards with a meal that would help them meet the same recovery goal e.g. bowl of cereal with fresh fruit. Unless constrained by poor availability or lack of time, athletes are best advised to favour real food/fluid options that allow them to meet recovery and other dietary goals simultaneously. This is especially important for athletes on a low energy budget. (Australian Sports Commission, http://www.ausport.gov.au/ais/nutrition/factsheets/competition_and_training/recovery_nutrition)
b)	Accredited Sports Dietitian

Outcome for Case Study 10	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	

PRACTICAL TASKS

You are required to have a suitable observer verify your ability to complete the following tasks. These tasks may be simulated or real.

TASKS		VERIFIED
A.	Using the form provided, as well as the Dietitians Association of Australian website (http://daa.asn.au/for-the-public/smart-eating-for-you/healthy-eating-self-assessment), identify the daily eating patterns of six (6) clients that fall into the following categories. Each session should take approximately 45 minutes to 1 hour: • Clients who have specific dietary requirements or dietary concerns • Clients who are not achieving their goals when following the Australian Dietary Guidelines • Clients who need support regarding attitudes to eating You are to: • Clearly identify the needs and goals of the client • Determine the daily eating patterns • Identify the client's influences of food choices • Compare each client's eating patterns with the recommendations in the Eat for Health Educator Guide relative to their goals, body composition, lifestyle group, and current level of physical activity, using Foundation and Total Diets • Explain the benefits of physical activity and healthy eating to the client, providing suggestions for achieving healthy dietary patterns in accordance with the Eat for Health Educator Guide • Educate the client about reading food levels • Identify the need for and prepare referrals (in the form of a letter) for at least five (5) clients to one of the following as required – o Accredited Practising Dietitian o Accredited Sports Dietitian o Medical Practitioner	☐

Outcome for Practical Tasks	☐ Satisfactory ☐ Not satisfactory
Trainer/Assessor comments	