

infuse

STEEP YOURSELF IN INSPIRATION, INNOVATION & DEBATE

FEATURE ARTICLES INSIDE:

- + ***Translating Research Into Practice*** – A roadmap to avoid becoming “lost in translation”
- + ***You've heard of the RPAH Elimination Diet*** We chat with the founder, Dr Anne Swain
- + ***From Football Player to Professional Eater to Dietetic Student***
The unlikely journey of Randy Santel

COVER STORY:

Learn to Love the Skin You're In

Taryn Brumfitt creates
The Body Image Movement

JUNE 2019

Step *inside*

JUNE 2019 ISSUE

- 04 **From the Desk of Maree Ferguson**
- 06 **Cover Story: Learn to Love the Skin You're In** Taryn Brumfitt creates The Body Image Movement
- 10 **Advertorial: Translating Research Into Practice** - A roadmap to avoid becoming "lost in translation" by Merran Findlay
- 16 **You've heard of the RPAH Elimination Diet** We chat with the founder, Dr Anne Swain
- 23 **Get the Job you Love** How you can stand out from the crowd and land your dream job by Maree Ferguson and Rhiannon Barnes
- 26 **Will robots take our jobs?** by Kate Agnew
- 28 **From Football Player to Professional Eater to Dietetic Student** The unlikely journey of Randy Santel



Submit ***your photos*** to *Infuse!*

Dietitian Connection is now accepting submissions of original photographs to be featured in upcoming issues of Infuse.

Snap a pic relating to any aspect of food, nutrition, and/or your work, then send it to: info@dietitianconnection.com

Infuse it with inspiration, innovation, creativity and, of course, your personality.



infuse

STEEP YOURSELF IN INSPIRATION,
INNOVATION & DEBATE

Volume 3, Issue 2

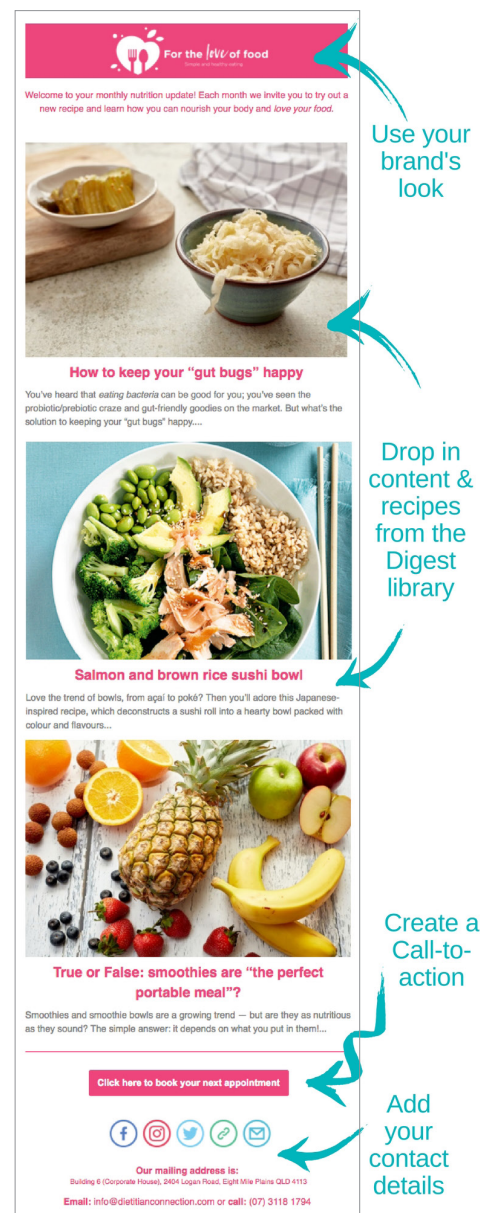
PUBLISHER: Dietitian Connection
EDITOR: Edwina Clark
DEPUTY EDITOR: Kate Agnew
ART DIRECTOR: Emma Tabuteau
DIRECTOR AND ADVERTISING
CONTACT: Maree Ferguson,
maree@dietitianconnection.com

HOW TO REACH US:
EMAIL: info@dietitianconnection.com
PHONE: (07) 3118 1794
MAIL: PO Box 120, Mt Gravatt
QLD 4122
All content © 2019 Dietitian Connection.

Seeking a little expert help to get started in email marketing?

Creating a marketing email can be overwhelming and time consuming, and you may not know where to begin. We have taken what we learned through all of our email marketing experience and created a new custom e-newsletter product called **Digest**.

- ✓ Digest lets users create custom email newsletters reflective of their brand
- ✓ Use your brand's look and feel including your logo and contact details
- ✓ We provide high quality content and images for you to choose from
- ✓ You can also add your own images/content
- ✓ It's super easy to use!
- ✓ Cost effective
- ✓ Trackable and measurable



"We use Digest to help our current clientele – patients, referrers and colleagues – feel more connected to our business. We share a bit about us and what is happening in nutrition research, along with the Digest-provided articles."

Michelle Holt & Jaci Barrett, Diet Solutions

dietsolutions
creating evidence-based dietary strategies

Learn more at dietitianconnection.com/digest

From the Desk

of Maree Ferguson

Founder & Director, Dietitian Connection



Ever get excited when you hear of a male studying dietetics and do whatever you can to encourage him to stick at it? Even if just because it'll help shorten the female bathroom queue at a future dietetics conference!

Society continues to fight for women to enter historically male-dominated fields, like engineering, information technology, and construction. Yet, what about encouraging men to enter historically women-dominated fields?

Some 96% of Australian dietitians are female, with similar statistics in the USA and UK. Since I graduated 25 years ago, the percentage of males in dietetics has hardly changed. So, why don't men choose dietetics as a career?



(L-R) Images taken at Dietitians Unite Conference; Dietitians Tim Crowe and Shane Jeffery.

"...let's warm-up the dietetics climate to start a 'man change'!"



I recently asked this question on our DC Facebook group, and they came back with interesting answers:

- The general public (and hence school leavers) don't know what we do
- Dietitians are paid lower than other male-dominated professions
- Dietetics is predominantly counselling-based, which is still a bit taboo for men
- Profession does not generally present itself as opinionated, progressive or innovative
- Women are more interested in nutrition, health and body image

I think it's time we moved into the twenty-first century and put gender diversity at the top of our priority list. Diversity in all forms (but particularly gender) is important for our profession to ensure we have a wide range of perspectives, personality and leadership styles, now and in the future.

Food and health is equally important to men and women, so together let's warm the dietetics climate up to start a 'man change'!

Join the conversation in the DC Facebook group.

Maree



Before image courtesy of Andre Agnew.
After image courtesy of Kate Ellis.

Learn to Love the Skin You're In

Taryn Brumfitt creates The Body Image Movement

Wow is the only word
to describe Taryn
Brumfitt, for those of
you who were at Dietitians Unite
2019, you will know what I mean!

Taryn had us laughing, crying and dancing in her amazing closing keynote speech. Infuse sat down with Taryn who founded The Body Image Movement, an internationally recognised mission to empower all women across the globe to better accept, enjoy and appreciate their bodies.

Tell us about the events that inspired you to create the Embrace documentary, and The Body Image Movement

A few years ago I posted my non traditional "before and after" photo and the world's media stood up and took notice. People everywhere were astonished – how could a woman possibly love her body 'after'?

Many applauded me for my bravery in posting the 'after' photograph however, many berated me for promoting obesity. There were others who labelled me a bad role model for my children.

It got me thinking...

Taryn with her three children,
image courtesy of Meg Hansen Photography.

Women and girls are constantly held back and lead to believe they're not as good as they should be. Why? Because every day we feel we're being judged on our appearance and how far away it is from an unachievable ideal.

Lose weight, reduce wrinkles, fight cellulite; we're constantly told to fight a battle to be someone other than who we are.

Excessive photoshopping, the sexualisation of women in the media and advertising campaigns that prey on women's insecurities – it's no wonder there is a culture of body loathing and body shaming of epidemic proportions going on in the world.

So I decided I wanted to do something about it. I created The Body Image Movement and started spreading my message "LOVE YOUR BODY". I soon got frustrated – 140 characters on Twitter, 4 minute TV interviews and 800 word blogs weren't enough. I needed a louder voice and a bigger platform! Whilst searching for the best way to get my message out to the world the idea of creating a documentary was born.

article continues overleaf...



Taryn with
Dietitian
Connection
Founder and
Director Maree
Ferguson,
Dietitians
Unite 2019
Conference.

***“...empower all
women across the
globe to better
accept, enjoy and
appreciate their
bodies.”***

Tell us about your latest documentary project, Embrace Kids, and how we can get involved?

Embrace Kids is a documentary exclusively for... you guessed it... kids!

This will be an important documentary about the relationship children have with their bodies. Why do so many boys and girls hate their bodies and what can we do about it. The film will cover topics including social media, photoshopping, 'fitspiration', the influence of media and advertising on body image and role models.

The film will unpack why body image has become a global problem of epidemic proportions and will offer solutions to help children to foster a positive body image.

If you've seen Embrace the documentary you will know how powerful Embrace Kids will be, created with the same passion, heart and soul – just for a younger audience. (8–12 years old)

We've teamed up with the Documentary Australia Foundation so if you are in Australia, your contribution is fully tax deductible. To the rest of the world you can still contribute and yes the film will be made available world-wide.

You know the saying "If everyone does a little then no one does a lot", please don't underestimate even the smallest of contributions, as soon as we reach our target, filming can begin.





Image courtesy of
Meg Hansen Photography.

LEARN MORE:



<https://www.gofundme.com/embrace-kids-documentary>



@TarynBrumfittFanPage



@bodyimagemovement



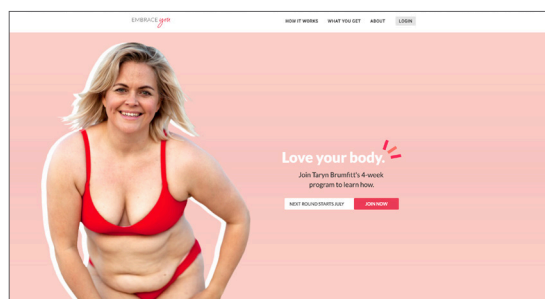
@tarynbrumfitt

**DONATE
TODAY!**

Help raise funds
for 'Embrace Kids'

Taryn also has an online program called Embrace You. It's a 4 week program that shows women the 'how to' embrace. Thousands of women have now completed the program with a 94% success rate.

*The next round starts in July. You can find out everything about the program here:
<https://embraceyouonline.com/>
and read up on the incredible feedback here:
<http://embraceyouonline.pages.ontraport.net/testimonials>*





Translating Research Into Practice - A roadmap to avoid becoming “lost in translation”

by **Merran Findlay** AdvAPD, National Health and Medical Research Council Translating Research Into Practice Fellow

As accredited practising dietitians, it's ingrained through our training and daily practice to be up-to-date with current literature in order to deliver evidence-based care.

Being across the latest science is how we ensure the best possible outcomes for the people we provide care to and ultimately maintain credibility as a profession. However, the average time from published evidence to practice is 17 years.¹ Yes, 17 years. It sounds alarming but it doesn't have to be that way.

"...we want the best care for our patients or clients, then why don't we just do it?"



Images courtesy of Merran Findlay

If we want the best care for our patients or clients, then why don't we just do it? Is it really that simple or is there more to it? You may have been involved in clinical research trials (knowledge generation), systematic reviews or guideline development (knowledge synthesis and dissemination). But how do we take the next step on the road to implementation? When faced with new research findings or guidelines, many are tempted to jump straight to "the doing" but the emerging field of implementation science tells us that understanding the large and complex real-world settings we work within, and the potential barriers and facilitators to change, are more likely to lead to successful and sustainable research translation.

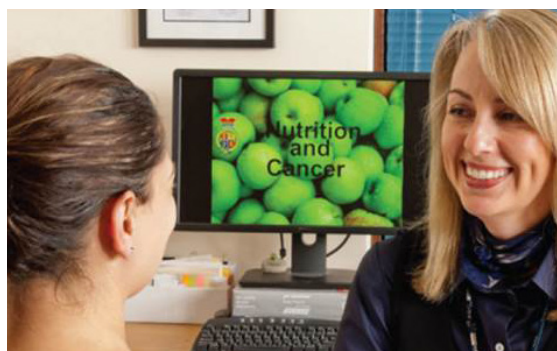
Take, for example, my recent experience with a National Health and Medical Research Council Translating Research Into Practice Fellowship where we aimed to implement an innovative model of nutrition care for patients with head and neck cancer based upon the best available evidence.^{2,3} In taking an implementation science approach to this research, we utilised a mixed-methods pre-post study design

to engage with clinicians and consumers to improve adherence to clinical guideline recommendations. A clinical audit established baseline adherence to the evidence-based guidelines and clinical parameters prior to implementation in a prospective cohort. Qualitative interviews with consumers and clinicians identified barriers and facilitators to change at individual, team and system levels. The key interventions utilised included a supportive care-led pre-treatment clinic and a nutrition care dashboard integrated into weekly multidisciplinary team

discussions. We employed a series of evidence-based implementation strategies which included: clinical practice change strategies; multidisciplinary team engagement; integration with existing care; information technology strategies; audit and feedback; staff education and support; and harnessed the sponsorship of organisational opinion leaders. Lastly, we

also conducted focus groups to obtain feedback on the new model of care while economic analysis determined system-level impact.

article continues overleaf...



What were the findings of this implementation study? We were able to successfully demonstrate high fidelity to the interventions, resulting in significant improvements in process, clinical and economic outcomes: pre-treatment dietitian assessment (20% to 97%, $p < 0.001$); use of validated nutrition assessment tool before (85% to 100%, $p = 0.018$), during (3% to 79%, $p < 0.001$) and after treatment (3% to 73%, $p < 0.001$). Patients receiving the new model of care were more likely to complete prescribed radiotherapy ($p = 0.041$) and systemic therapy ($p = 0.005$).² Clinically relevant improvements in weight maintenance were also observed. At a system-level, the new model of care avoided 3.92 unplanned admissions and related costs of \$AUD121K/annum.² Focus groups confirmed clear support for continuing the new model of care. Pleasingly, this data supports that an evidence-based model of nutrition care in complex care settings is feasible and can improve outcomes.



Recent editions of Nutrition and Dietetics have showcased innovative examples of leadership in translation of research evidence into dietetic practice which included excellent editorials by Associate Professor Judy Bauer⁴ and Assistant Professor Sharleen O'Reilly⁵. What these outstanding examples of successful implementation all have in common is they employed existing theories, models and frameworks as a roadmap to support translational research efforts.⁶ If you're just starting out on the road to research translation, be sure to seek mentoring from an experienced implementation scientist to help you navigate, pack the roadmap, an implementation toolkit⁷ and don't forget to enjoy the journey – providing better care and outcomes for our patients is a destination well worth the effort.

References

1. Morris ZS, Wooding S, Grant J. The answer is 17 years, what is the question: understanding time lags in translational research. *Journal of the Royal Society of Medicine*. 2011;104(12):510–520.
2. Findlay M, Rankin N, Shaw T, et al. Innovation in implementation: A new model of nutrition care for patients with head and neck cancer improves outcomes. *Clinical Nutrition*. 2018;37:S197.
3. Findlay M, Bauer J, Brown T, Head and Neck Guideline Steering Committee. Evidence-based practice guidelines for the nutritional management of adult patients with head and neck cancer. Sydney: Cancer Council Australia. 2011; http://wiki.cancer.org.au/australia/COSA:Head_and_neck_cancer_nutrition_guidelines. Accessed cited 2017 Jun 4.
4. Bauer J. Evidence-based practice in nutrition and dietetics: Translating evidence into practice. *Nutrition & Dietetics*. 2019;76(2):123–125.
5. O'Reilly S. Translational research: The ingredients are only the start of the recipe for better dietetic practice. *Nutrition & Dietetics*. 2016;73(4):307–311.
6. Nilsen P. Making sense of implementation theories, models and frameworks. *Implement Sci*. 2015;10(1):53.
7. Queensland Health. Allied Health Translating Research Into Practice (TRIP). 2019; <https://www.health.qld.gov.au/clinical-practice/database-tools/translating-research-into-practice>. Accessed 2 May 2019, 2019.

Your partner in providing complete nutritional care

An extensive range of products to meet your patients' nutritional needs



Contact us today! 1800 671 628
or visit nestlehealthscience.com.au

RESOURCE® THICKENUP® Clear is a food for special medical purposes for the dietary management of people with swallowing difficulties. Must be used under medical supervision.
ARGINAID® is a food for special medical purposes specifically formulated with L-Arginine for the nutritional management of wounds. Must be used under medical supervision. Not suitable for use as a sole source of nutrition. Contains Phenylalanine.

Nutritional supplements can only be of assistance where dietary intake is inadequate. Please seek advice on your individual dietary needs from an Accredited Practising Dietitian or your healthcare professional. SUSTAGEN® Hospital Formula Active and SUSTAGEN® Hospital Formula Active Plus Fibre are formulated meal replacements and cannot be used as total diet replacements. Consume as part of a varied and balanced diet and healthy lifestyle.

ISOSOURCE® Standard, NOVASOURCE® GI Forte, RESOURCE® Fruit Flavoured Beverage, RESOURCE® Plus, RESOURCE® Protein and RESOURCE® 2.0 + Fibre are food for special medical purposes specifically formulated for medical conditions where nutritional needs cannot be met through diet modification alone. Must be used under medical supervision.

® Reg. Trademark of Société des Produits Nestlé S.A.

Nestlé Healthcare Nutrition, a division of Nestlé Australia Ltd, 8 Nexus Court, Mulgrave, VIC 3170, Australia.







Dietitians Unite

1 MAY 2020, MELBOURNE



Spaces filling fast! Book your ticket today

| The Chosen Link for Nutrition Leaders |
www.dietitianconnection.com/du2020

Unite 2020.



You've heard of the RPAH Elimination Diet

We chat with the founder, Dr Anne Swain

If you trained as a dietitian in Australia, the Royal Prince Alfred Hospital (RPAH) Elimination diet protocol will be very familiar to you. Dr Anne Swain is recognised as a leading expert in the field of food intolerance and food allergy, both in Australia and overseas.

She has been the Head Dietitian at the Allergy Unit of Royal Prince Alfred Hospital (RPAH) in Sydney for over 40 years. We sat down with Anne to chat about her career and how to identify and manage food chemical insensitivities.



Image courtesy of
Dr Anne Swain

You've been the Head Dietitian in the Allergy Unit at Royal Prince Alfred Hospital (RPAH) for over 40 years. Where did you start your career? How did you end up working in immunology?

I was always interested in science, food and cooking particularly at high school. I wanted to be a maths and cookery teacher but that was not possible under the school curriculum at that time. My love for science came from my father who was an industrial chemist. My love for cooking came from my mother who was trained at Emily MacPherson as a chef.

interview continues overleaf...

A lady that my father knew at his work was a dietitian and knowing my interests suggested to my mother that I become a dietitian as that would combine science and food. That was the genesis of my life long career in dietetics. I graduated in 1976 with Diploma of Nutrition and Dietetics at the University of Sydney.

In those days, graduates were bonded for 12 months as interns in public hospitals. I was fortunately placed at Royal Prince Alfred Hospital. This was a real gift because it introduced me to Jo Rogers, Maxine Hosking and June Bullock who became my mentors. These senior dietitians were pioneers in dietetics in NSW and taught me so much about optimum patient care, the importance of professionalism and what was possible in the profession.



An emerging area in immunology at this time was the role of dietary substances in the pathogenesis of recurrent idiopathic urticaria and angioedema (RIU/AO). There had been some research undertaken overseas and Dr Robert Clancy, a staff immunologist at the Hospital, became interested in the possible role of dietary substances with this condition.

"These senior dietitians...taught me so much about optimum patient care, the importance of professionalism and what was possible in the profession."



Dr Clancy who is now a Professor of Immunology, approached Maxine for a dietitian to help develop an elimination diet. Not knowing any better and not knowing that I was about to embark on a life-long career in food allergy and food intolerance, I readily accepted the role.

In 1980 Dr Robert Loblay joined the RPAH Allergy Clinic as a clinical immunologist. It became increasingly evident that patients with RIU/AO sometimes also experienced abdominal pain, diarrhoea, headache, respiratory and/or constitutional symptoms when undergoing blind challenge with various food substances. From this early beginning it was found that the elimination of the relevant foods sometimes resulted in dramatic improvement in chronic symptoms of this kind, even when RIU/AO was only a minor component of the clinical presentation.

My research into RIU/AO and food intolerance resulted in being awarded a PhD from the University of Sydney in 1988. My thesis was entitled "The Role of Natural Salicylates in Food Intolerance." I was only the third dietitian to be awarded this degree in Australia.

I remained at the Dietetics Department until I became the Head Dietitian at the Allergy Unit of RPAH in 1989. I remain in this position and have continued to be involved in research and clinical patient services at the Unit. My role has expanded into education, mentoring, training and consultancy for Government and the food industry.

interview continues overleaf...

What are some of the most common issues that you see in the clinic?

Over the last 20 years there has been a substantial increase in the incidence of food allergy, particularly peanut and tree nut allergy in children. It is estimated that up to 10% of children suffer from a food allergy.

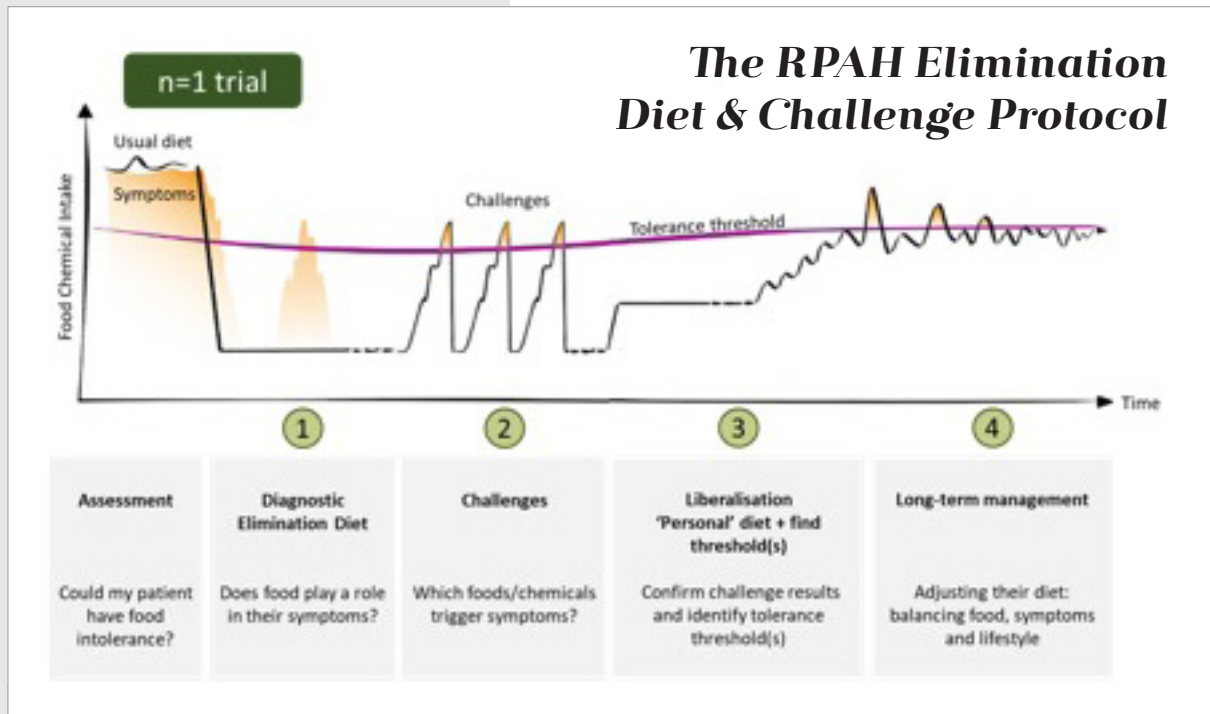
Food intolerance has continued as a prevalent condition for many adults and children over the last 40 years. It is estimated that up to 10% of the population have a food intolerance.

The range of conditions treated by the Unit has expanded from urticaria and angioedema to include functional gastrointestinal disorders, headache and respiratory disorders. Add to this eosinophilic oesophagitis and food issues with ADD/ADHD and ASD, the Unit is very busy.

Each patient is individual in their responses to food and their food triggers. This creates a challenge in developing a suitable diet for each individual that manages their symptoms and balancing it with their lifestyle.



"It is estimated that up to 10% of children suffer from a food allergy."



Can you outline the protocol that you use at RPAH to identify and manage food chemical sensitivities?

The RPAH elimination diet and challenge protocol is a short-term diagnostic diet. There is no one size fits all, and the protocol is an n-of-1 trial, where every patient is their own control and is followed in four stages or parts. Patients present with symptoms and so first, a thorough assessment must be undertaken to answer the first question of 'could this patient have a food intolerance', making sure that other possible reasons for their symptoms have been excluded.

The four stages include the diagnostic elimination diet, challenges, liberalisation (personal diet and determining the tolerance threshold), and then long-term management.

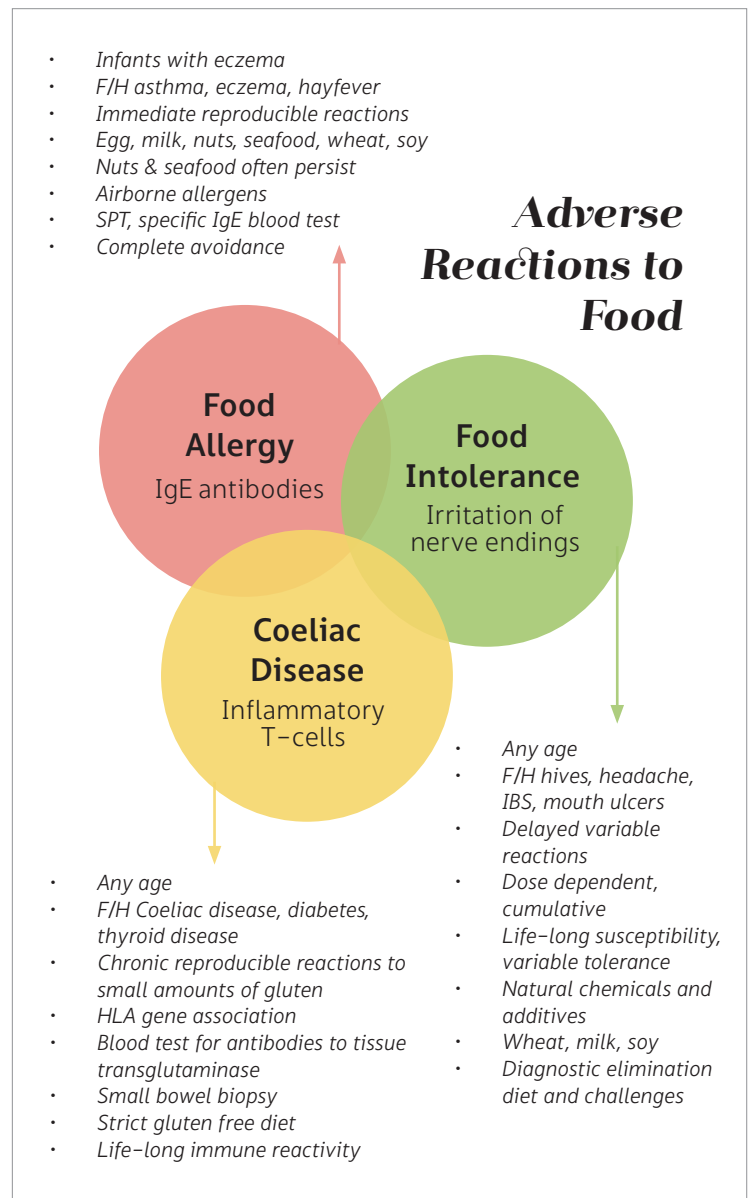
interview continues overleaf...

Your clinic also works with patients with coeliac disease as well. Is there any overlap between allergies, food chemical sensitivities, and coeliac disease?

It is important to understand that these are separate conditions with different mechanisms, tests and dietary treatments. However, in some patients there is overlap of the conditions which presents a real challenge with dietary investigation and management for them.

With these individuals there are separate investigations for food allergy, intolerance and coeliac disease and then a diet is developed to manage each of the conditions together. When taking a very careful history it is important to keep in mind the differences between these adverse reactions to food and understand how to drill down to identify the differences.

(The diagram on the right helps understand the process for these patients.)



What's the best part of your job?

I would say that one of the most rewarding and satisfying parts is to help patients restore their health so that they can live normal lives symptom-free. To see patients restored to good health makes all the clinical work and research worthwhile.

Another rewarding aspect of my job is the sharing of knowledge and experience with my colleagues in the profession to help their patients and to encourage, support and inspire the students and new graduate dietitians to pursue a successful and rewarding career in dietetics.

LEARN MORE:



<https://www.slhd.nsw.gov.au/rpa/allergy/default.html>



Apply
these tips to
land your
dream job!

Get the Job you Love

How you can stand out from the crowd and land your dream job.

by **Maree Ferguson**, Founder & Director, Dietitian Connection and **Rhiannon Barnes**, Dietetics Recruitment Coach

Feeling a bit overwhelmed job hunting? Maybe you're looking for a new job, a higher level position or a promotion? Or maybe you're a new graduate dietitian trying to land your first job as a dietitian? The whole process can be quite daunting in whichever stage of your career, but not to worry, we have you covered!

article continues overleaf...

Here are our top tips to stand out from the crowd and get that job:

Start with a stand out resume

Resumes are one of the most important tools to assist you in getting that job. Keep it to 2–4 pages. Outline your employment history, focusing on outcomes you achieved and the skills you used. Include your educational qualifications, awards, and professional memberships. Include at least 2 referees, ensuring you have their permission. Use consistent formatting, check grammar and spelling. Highlight to employers how are you different from all the other applicants. Don't forget to include your contact information.

Create a capturing cover letter

Introduce yourself to a prospective employer. Address the letter professionally. Include the position title and reference number if applicable. Briefly summarise your qualifications, skills and experience and highlight how you are unique. Consider stating why you want the position. Close with a call to action and your signature.

Searching for jobs in dietetics

Insecure, unsure, guessing

Confident, in control, landed dream job



Respond to selection criteria like a STAR!

Keep it structured, clear and concise by utilising the STAR method in your response:

- Situation – what was the background/context of the example?
- Task – what was your role?
- Activities – what did you do and how did you do it?
- Results – what were the outcomes/results? Focus on what you did and use strong language and action verbs!

Preparing for the job interview

Put your best foot forward in the interview by preparing and practicing – out aloud. Practice for the big day with job-interview quiz cards developed by our DC founder Maree Ferguson who has

decades of experience in interviewing. Try calling the contact person for the job and find out any relevant information, this also shows you're interested and makes a great impression! Research the organisation and write down questions you can ask at the end of the interview, prepare your outfit and ensure you look professional. Research the location and organise transport.



How to stand out in the job interview:

- Be punctual
- Shake hands
- Build rapport
- Take the panel on the journey with you and use eye contact
- Maintain good posture and smile with enthusiasm!
- Treat the interview like a conversation rather than a presentation
- Take time to respond to questions and think about your response
- Avoid generic statements and instead, provide examples and focus on outcomes achieved
- Close the interview by asking the panel a few key questions
- Be sure to thank the panel for their time
- After the interview, reflect and look for areas of improvement



The 5 stages of job searching in dietetics



What to do if you struggle to land a job?

- Consider volunteering or applying to rural or remote locations
- Expand your network
- Upskill by increasing your knowledge to make yourself more valuable to employers
- Find great mentors and consider positions outside of dietetics
- Get innovative and create your own job
- Seek feedback on applications to make improvements
- Learn more about your personal strengths and weaknesses. Try the VIA Survey-120 to become more self-aware.



LEARN MORE:



www.dietitianconnection.com/jobcourse

For more tips and tricks to land your dream job – complete the “Get the job you love” course.



Will robots take our jobs?

by **Kate Agnew**, Marketing and Communications Director, Dietitian Connection

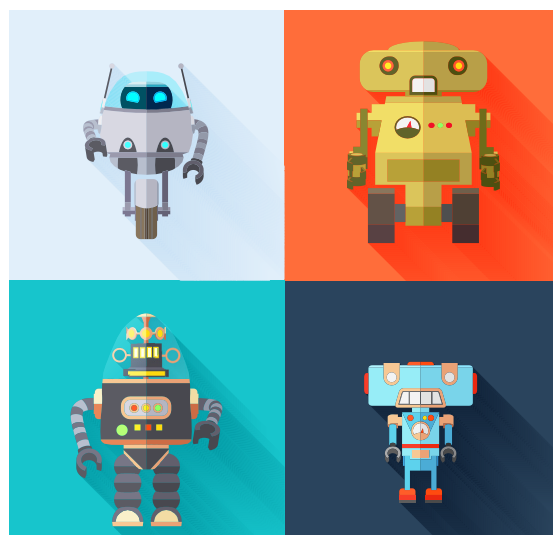
The short answer is NO but they'll change our jobs and increase our relevance.

I've watched many movies about the impending doom from robots becoming 'smarter than people' and the threat of Artificial Intelligence (AI) but nothing in the context of dietetics. Even though we all know it's coming.

William Carter, who delivered a presentation at FNCE 2018, is kind of a genius and really changed my mind about AI. He did a great job of taking a technical and complex field and relating it to the future of healthcare. He's the Deputy Director of the Technology Policy Program at the Center for Strategic and International Studies (CSIS) in the US.

So, quick recap... When you hear the term AI – what do you think of? Apparently the number one association is The Terminator. It's actually not just one thing. AI is a field of multiple technologies and systems. These systems enable machines to sense, comprehend, act and learn. Okay this sounds pretty Terminator-ish. BUT it's not all doom and gloom – promise! Read on...

We're already using some of these AI systems, particular the popular one called Machine Learning (ML); completing a google search or wearing your fitbit / smart watch is an example. The thing is, there is still A LOT of work that needs to be done to get these technologies right. AND health professionals will be a large part of making this happen safely and appropriately [And no, you don't need to know how to "code" to play a part].



William spoke about how AI will transform our work, particularly when it comes to prevention, treatment, research and management. Here's a quick synopsis of what the future may look like for dietitians:

- **Prevention** – Our clients are already gathering data with their wearables like heart rate, physical activity and sleep. The next step is how do we access it appropriately and make sense of it in disease prevention. ML is all about algorithms that evolve as they obtain more data. They allow for greater insight from data and assist with personalising the user experience.
- **Treatment** – Clinicians are given decision trees to help guide treatment, instead of trial and error. Clients will have increasing expectations; they'll be asking you for data to back-up your treatment plans; we'll need to access this data quickly and AI will help us. It'll allow us to spend more time on complex cases and the more complex work like behaviour change. And to this, YES there are loads of apps trying to replace the dietitian BUT patients still want a human face to their care.

- **Research** – In the era of personalised medicine, we'll see more personalised treatments to fit certain genetic profiles. Genetics is incredibly data heavy so AI reduces error and allows us to draw conclusions without being overwhelmed.
- **Management** – AI might just give us our time back by streamlining and automating the routine admin tasks [hello doctor's letters!] and inventory management that seem to weigh us down. Will said it very eloquently: "It'll stop wasting time of talented people."

“AI is not sexy stuff like robots doing surgery, it's more about back-end admin and paperwork.”

Most of the chatter has been about how AI can help humans but this presentation really highlighted how humans can help AI. We'll need to decide when AI is appropriate, what the limitations are, how to apply it and provide AI with our feedback. And at the end of the day, humans will still be accountable for the end result...

The presentation gives a firm argument for why dietitians will see opportunities with AI and how it will increase our relevance. But we have work to do and we have to ADAPT.

From Football Player to Professional Eater to Dietetic Student

The unlikely journey of Randy Santel

Professional eater turned dietetic student, Randy Santel, has almost 200 million YouTube views and is set to become one of the most followed nutrition professionals in history. Learn how this former football player went from living in his parent's basement to social media star, and now aspiring dietitian.

What inspired you to get into food challenges in the first place, and to become a professional eater?

I played American football in high school and college, and was pretty overweight during those years. After college, I started focusing on losing weight and in 2010, I entered my first body transformation contest sponsored

by Men's Health. I ended up winning and to celebrate my friend, Dan, invited me to be his partner in a pizza-eating challenge in St Louis, Missouri. We won and collected a \$500 cheque. Shortly thereafter I got more serious about professional eating.

Since starting your own food challenge journey, you've also founded the international foodchallenges.com website. Can you tell us a little more about how this evolved?

Before Dan and I attempted our first pizza challenge, I looked all over the internet for tips to prepare. There was basically nothing out there. As my audience grew, I got more questions about preparing for eating competitions so I created randysantel.com as a resource for other eaters.



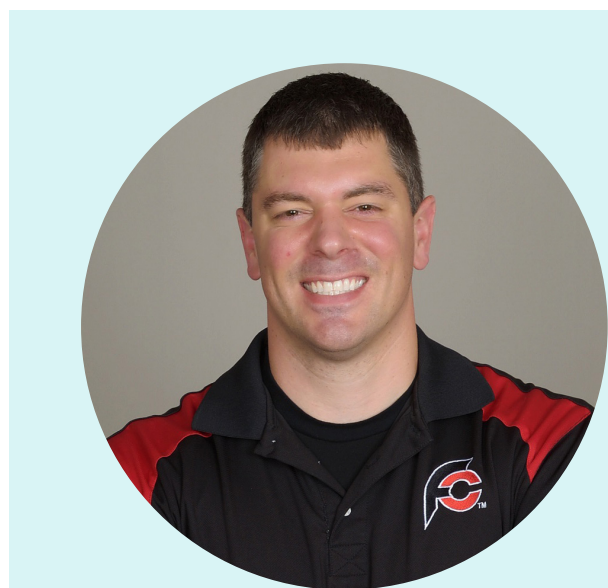


A year later, I launched foodchallenges.com, a one-stop-shop for the food challenge community. The site doesn't get much traffic anymore however we still provide a variety of resources for everyone interested.

interview continues overleaf...



Image courtesy of @randysantel



“I started looking into nutrition certifications and learned that anything less than a RDN wouldn't be taken seriously”

You're currently finishing your final year as a dietetic student at Missouri State University, where you're 1 of only 3 males in your year. What drove your decision to return to university after a career in construction management?

I've always been curious about nutrition and fitness but participating in body transformation contests really spurred my career change. After finishing my first body transformation challenge, I felt terrible. I was training too much, not eating enough and relying on supplements. Two years later, I participated in another transformation challenge and was much smarter about my approach. I finished the second contest in better shape both physically and mentally.

In 2015, I went all-in on a career change. I started looking into nutrition certifications and learned that anything less than a registered dietitian nutritionist (RDN) wouldn't be taken seriously.

"Once I am a dietitian, I'll be working on providing my community with ultra-simplified nutrition tips and keeping people out of hospitals."

You have a huge online following with >72K Instagram followers, >908K followers on Facebook and almost 200 million YouTube views. What are your top tips for staying relevant?

1. Think like your audience:

Think from the perspective of the people you want to attract to your page. What do they want to see? Don't lose yourself just trying to gain followers, but don't just post what you want either. Find some common ground.

2. Play the long game:

Don't expect results overnight. It's taken time to build up our channels. I started back in 2010 and have never taken a break or long hiatus. I lived in my parent's basement from 2013 to 2016 while I was working on foodchallenges.com. I started my YouTube channel back in 2010 and didn't make money until 2015. If you really want to build a big presence, know that all great things take time and genuine effort.

3. Be consistent:

My followers know that I post videos every Monday, Wednesday, and Friday at 3:30 pm CST. We have always been consistent with that. If you take long breaks, just know that some of your followers will lose interest and stop following you. Plan your attack before you start and fully commit to building your social media.



Images courtesy of @randysantel

What do you hope to bring to the dietetics profession when you graduate in May?

The sky is the limit! Once I am a fully qualified dietitian, I'll be working on providing my community with ultra-simplified nutrition tips and keeping people out of hospitals.

I expect to do my last food challenge in 2020 or 2021, and then I will be full-speed ahead with helping to combat nutrition-illiteracy amongst the general population.

LEARN MORE:



<http://www.randysantel.com>
<http://www.foodchallenges.com>




@randysantel



@randysantel



<https://www.youtube.com/user/RandySantel>



*"Be the change
that you wish to
see in the world."*

Mahatma Gandhi

