

Topics:

- Parenting styles as it relates to eating behaviors
- Avoiding burnout in the healthcare setting
- Updated CF screening, evaluation and management of hepatobiliary disease consensus recommendations
- When to make a report to DCS/DSS and what is important



The Kansas City crew
knows how to
NACFC!

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Updates

New Place For Articles

Looking for all of your favorite article links that come with your newsletter? They have a new location that you can see more frequent updates and abstracts right on the consortium website! Click on "resources", followed by "recent publications".

Check them out at: <https://www.cfrdswwconsortium.com/news>

Dietitian Tea Times

Looking for a place to connect with other CF Dietitians throughout the year? Tea times are set up to have casual conversations with other CF RDs. Check out the upcoming Dietitian Tea Times in the bites and nibbles. The first one will be lead by Carla Nowicki, MS, RD, CSSD, CSCS, the CF Dietitian from Prisma in Columbia, SC.

New Dietitian Open Forums

In 2024 the CF Foundation would like to expand our support of open forums for discipline specific discussion. The CF Exchange (listserv) is great and yet some people appreciate open dialogue. Paula Lomas has held open forums for other disciplines. and Melissa Chin and Paula would like to offer them to RDs. Beginning in Feb, Melissa and I will host RD Open Forums on the 3rd Wed of the month from 3-4pm ET/ 2-3 CT/ 1-2pm MT/ 12-1pm PT.

Upcoming Dates:

The next Annual RD/SW CF Consortium will be in Portland, ME April 17-19.

Registration has closed, but you can still join the wait list by emailing Terri Schindler at Terri.Schindler@UHhospitals.com

Registration is limited to the first 150 people.



Advanced CF Nutrition Certification

In 2022 The CF SW RD Consortium was able to release it's first group of Advanced Nutrition Certification. It is an absolute honor to have these individuals working in our CF care centers and frequently be mentors to the new CF Dietitians. Their passion towards CF nutritional care is recognized by their actions of speaking at conferences, publishing CF related articles, and their 5+ years of service in CF care. Congratulations to the following Dietitians who met the requirements for advanced CF Nutrition Certification and on the current prospective list:

Angel Jone

Heidi Klasna

Shannon Stamper

Michelle McDonagh

Daniella Gardner

Sandy Salzedo

Want to share?

If you have a CF related job opening at your center, a resource you want to share, articles you found helpful, or anything else you would like in the newsletter, let us know!

Email us at Carla, RD: Carla.nowicki@prismahealth.org and Randee, LCSW; randee@arizona.edu

Want to be spotlighted on social media? We would love to share your content! We especially are looking for any article you are posting, handouts you found helpful to use in your center, good stories of commitment of CF care between care providers, mentor/mentee communications, and of course your furry companions that support you with their snuggles and loves. Please send content to Carla.nowicki@prismahealth.org, leah-colsch@uiowa.edu, and Clarissa.Morency@bcm.edu.

Bites & Nibbles

Upcoming CEUs and Resources



CF Social Work Open Forum

Tues, Jan 30, 2024, 12:00 PM- 1:00 PM EST

Topic: The role of social workers also working as
Mental Health Coordinators

This will be a facilitated discussion about
providing psychosocial care including
implementing the guidelines for mental health
screening as part of routine CF care.

Zoom link in your listserv.

CF Dietitian Tea Time

Thur, Feb 15, 2024, 2:00 PM-2:30 PM EST

Topic: Using disordered eating screeners in your
CF center lead by Carla Nowicki

This will be an open, facilitated discussion that will
allow for open communication between
different CF centers. Grab your warm tea or tea
and join us!

Zoom link in your listserv.

CF Dietitian Open Forum

Wed, Feb 21, 2024, 3:00 PM- 4:00 PM EST

Topic: CF Compass tools and successes and
challenges as a CF Dietitian

This will be a facilitated discussion that is to have
open dialogue hosted by Paula Lomas and
Melissa Chin.

Zoom link in your listserv.

f CF Nutrition and Social Work Consortium

@ @cfnutritionandsocialwork

03. CF RD SW CONSORTIUM Winter 2024

Check on our website
CFRDSW/CONSORTIUM.COM

The Main Course

Authoritarian Parenting Styles Lead to More Stress Around Eating Behaviors.

This study sought to investigate the relationship between parental feeding style, parenting stress, and parent and child mealtime behaviors in families of children with CF.

Data suggest parents using an authoritarian feeding style experience more stress and behavioral feeding problems than other parents. More feeding problems were also associated with more stress. Findings help determine how pediatric psychologists can intervene to support positive parenting behaviors that reduce children's mealtime behavior problems and parental stress, thus improving health outcomes in this vulnerable population.

What Kind of Parenting to use when making behavioral modifications:

Authoritarian Parenting styles are more restrictive, focus on obedience, rule based, and punishment based. The child's feelings are not considered. Problems are solved reactively.

Authoritative Parenting use rule setting with rewards and consequences and take the child's feelings into consideration. Parenting is proactive to address issues prior to them developing into a problem.

Permissive Parenting is more of a friend role than a parent. Rules are set but not always enforced. Talking about things is important but not enough on extinguishing unwanted behaviors.

The most impactful difference is being in tune and responding to the child's needs and feelings.

<https://www.verywellfamily.com/ways-to-become-a-more-authoritative-parent-4136329>

Bashir A, Antos N, Miller T, Challa SA, Pan AY, Gosa M, Silverman A, Goday PS.

A Cross-Sectional Study of Pediatric Feeding Disorder in Children with Cystic Fibrosis.

J Pediatr Gastroenterol Nutr. 2023 Sep 29

The Main Course

Avoiding burnout as a medical provider in CF care.

This past month at NACFC we had a wonderful plenary speaker discuss burnout in the workplace. For myself and many others, this hit home. Healthcare settings can sometimes be a recipe for disaster when it comes to burn out especially in the CF care center as we have formed tight bonds with the patients we care for. So what is it exactly?

Burnout in a workplace can be described as a syndrome defined by emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment. Burnout does not necessarily a result of over working, even though it a very frequent cause. Burn out can also occur from emotional stress or feeling overwhelmed from emotional scenarios.

Consequences of Workplace Burnout

Patient Care

- lower care quality
- medical errors
- longer recovery times
- lower patient satisfaction

Provider Health

- substance abuse
- depression
- suicidal ideation
- poor self-care
- motor vehicle accidents

Healthcare System

- reduced provider productivity
- increased turnover
- less patient access
- higher costs

You have a role in avoiding burnout

There are many things within patient care that lead to burn out that are not in our control. Understaffing, challenging co-worker relations, and illness are not things we can control. However, creating joy in the workplace and being a self-advocate for your needs are...



The Main Course

Avoiding burnout as a medical provider in CF care (continued)

Ideas and tips for creating joy in the workplace

- Create and organize small events for your team- Ugly sweater days, potluck lunch, clinic day team lunches, etc.
- decorate monthly decorations in the office for holidays.
- Personalize your workspace- pictures, plants, trinkets. If you share space, divide the decorating space,
- Have your “why” visual to you: printed, a sticky note, background, etc.

How to be an advocate for yourself

- Take your PTO time. While it is good to have a buffer of PTO time in case you need it due to circumstances out of your control (100-200 hrs depending on your circumstance, Consider scheduling occasional days of PTO scattered to take a day off not attached to a holiday or event. Schedule it before you need it.
- Blocking time in your work calendar for breathing, medication, exercise, and meals, even if it is movable throughout the day to allow flexibility.
- Take time to go for a walk at lunch or at some point in the day - 30 min a day walking can have just as much impact on mental health as 1 therapy session a week
- Have boundaries and sticking to them. You are your best advocate for you to avoid burn out.

The Main Course

Updated CF screening, evaluation and management of hepatobiliary disease consensus recommendations

In 2021 The CFF brought together a group of CF care team members consisting of hepatologists, gastroenterologists, pulmonologists, pharmacist, nurse, dietitian (our very own Kay Varina), an individual with CF, and the parent of a child with CF to create an updated recommendation consensus in screening, evaluation and management of hepatobiliary disease within the CF Population, concluding in 2023. Here are just a few of the important conclusions they came to, but overall this is a great read, or at least a skim for the bolded statements.

Screening:

- The CFF recommends the following should be performed annually:
 - labs: total bilirubin, AST, ALT, alkaline phosphatase, GGT, Platelet Count
 - abdominal physical examination for hepatosplenomegaly
- The CFF recommends starting at age 3 (or at diagnosis if diagnosed after 3 yrs old)
- every two years abdominal ultrasound to assess the liver and spleen

Monitoring:

- The CFF recommends that persons with CF and advanced liver disease, receive a nutritional assessment for malnutrition and liver specific macro- and micronutrient deficiencies every 6 months by a dietitian experienced in CF. When abnormalities are identified a treatment plan and monitoring of nutritional rehabilitation should be developed.

Treatment:

- The CFF recommends against the routine use of ursodeoxycholic acid to prevent advanced liver disease in all persons with CF.

Sellers ZM, Assis DN, Paranjape SM, Sathe M, Bodewes F, Bowen M, Cipolli M, Debray D, Green N, Hughan KS, Hunt WR, Leey J, Ling SC, Morelli G, Peckham D, Pettit RS, Philbrick A, Stoll J, Vavrina K, Allen S, Goodwin T, Hempstead SE, Narkewicz MR.

Cystic fibrosis screening, evaluation and management of hepatobiliary disease consensus recommendations.

Hepatology. 2023 Oct 26;. [Epub ahead of print]

The Main Course

DCS (DSS) when to report

Knowing why and when to make a DCS/DSS report for medical neglect can be challenging. Here are some tips to think about when making the considerations.

First: It is not your job to investigate the situation. Let DCS/DSS do their job in that regard.

Second: It is your responsibility to make a report if you have a “Reasonable suspicion.” While “Reasonable” is subjective, you can rest assured that making a report does not always mean removal of the child. It may open the door to more resources and support for the child and family.

Third: Consider being open with the family about your concerns and your need to report. If you have already done what you can to help the family address the child’s declining health, informing them of the next steps can be helpful in maintaining a working relationship with them. *If you feel that you would be in danger if you disclosed the report to the family, make it anonymously.*

Fourth: Make sure that you gather the concerns from the team so you can provide factual data to the Hotline. FEV1 lung function scores, AIC scores, refill history for at least 6 months, BMI, Lab results, Clinic Visit consistency, and overall health and presentation of CF.

Be mindful of your biases. Ask yourself if you would call DCS/DSS on every family in this same situation.

<https://dcs.az.gov/sites/default/files/documents/files/CSO-1977-Section2.pdf>