

**Asian Young Dietitian Network Participation in the Asian Dietetic Education Conference
Special Report: AYDN Activities in Taipei, Taiwan**

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1. Participation in Asian Dietetic Education Conference (ADEC) 2026

The Asian Young Dietitian Network (AYDN) was honored to be invited to participate in the 2026 Asian Dietetic Education Conference (ADEC 2026), held on July 25, 2026, in Taipei, Taiwan. The conference was organized by the Taiwan Dietitian Organization, Taipei Veterans General Hospital, the Chinese Dietetics Society-Taiwan, AYDN, and National Taiwan Normal University. AYDN members from Cambodia, Japan, the Philippines, and Vietnam participated in the conference and had the opportunity to meet and exchange knowledge with dietitians, educators, students, and professionals from across Asia.

The conference included sessions on dietitian education, training and research in Asia, the impact of artificial intelligence (AI) in healthcare, internship experiences, and opportunities for dietitians working overseas.

One of the keynote presentations was given by Professor Shigeru Yamamoto, titled “**What Dietitians Need for the Future: Researches at their Workplace.**” The presentation emphasized the importance of dietitians taking an active role in research and contributing to the development of the nutrition and dietetics profession in Asia, including research related to the development of Dietary Reference Intakes (DRIs).

During the conference, we also presented our study titled “**Exploring the Landscape of Nutrition and Dietetics Education Programs: A Comparative Study Among Selected Universities across Asian Young Dietitian Network (AYDN) Member Countries.**” The presentation introduced AYDN and the diversity of nutrition and dietetics education across Asia, with the study comparing selected universities from 10 AYDN member countries. We presented the study methodology, including the comparison of curricula, credit systems, lecturer backgrounds, and internship structures using a standardized data collection approach. The presentation highlighted differences in curriculum content and workload, lecturer backgrounds, internship opportunities, and internship supervision among the participating countries. We also discussed the challenges of comparing education systems due to differences in credit definitions and national requirements. The study suggested the need for greater regional collaboration, competency-based training, and future research toward developing common minimum standards for dietetics education in Asia. It was a valuable opportunity for us to share the collaborative work of AYDN and to

introduce the diversity of dietetics education systems in Asia. It also allowed us to exchange perspectives with participants from different countries and discuss future directions for collaboration and research within AYDN



Picture1 &2 : AYDN members picture from ADEC 2026

We also attended presentations about competency-based education and training for dietitians in Malaysia and Thailand. These sessions introduced approaches to developing the competencies required for professional dietetic practice. The ICDA competency standards discussed during the conference included dietetic process and professional reasoning, evidence-based practice and research, quality assurance, professional relationships and communication, and essential knowledge for dietetic practice.

Another important topic was the application of AI in nutrition and dietetics education and practice. We learned how AI-supported educational platforms may reduce teaching workload while improving learning effectiveness. The conference also introduced potential applications of generative AI in dietary assessment and emphasized the importance of adapting AI to local contexts and maintaining appropriate human supervision.

In addition, we learned about the experiences of dietitians involved in international activities and overseas work. The presentation on Japanese dietitians working in Africa, the Philippines, and Cambodia highlighted how dietitians can apply their professional expertise to international health activities and contribute to local communities.

Overall, participating in ADEC 2026 gave us a valuable opportunity to share our experiences as young dietitians, learn about dietetics education and professional development in different Asian countries, and strengthen connections among AYDN members and other professionals. The conference also encouraged us to consider future opportunities for collaboration, research, and international activities in nutrition and dietetics.

9. 2. Visit to Taipei Veterans General Hospital

As part of our visit to Taiwan, we also had the opportunity to visit Taipei Veterans General Hospital. The hospital tour focused mainly on the food court, hospital meals, and kitchen and foodservice management.

Taipei Veterans General Hospital is a large hospital with 3,136 beds, including 183 ICU beds. The hospital provides approximately 2,600 outpatient consultations and 2,200 general ward consultations per month. It also provides

approximately 860 nutrition care services per month and has 33 registered dietitians, including 20 clinical dietitians.



Picture 3 & 4: Taipei Veteran General Hospitals

9.1. 2.1 Food Court

During the tour, we first visited the hospital food court. We observed that the food court provided a variety of food choices, including a designated vegetarian area with a wide range of dishes. The food court also incorporated the concept of a planetary health diet, demonstrating consideration of both human health and environmental sustainability. We also observed that nutritional information was provided on menus, allowing customers to consider the nutritional content of their meals when making food choices. Priority seating was also available for older people. In addition, a supermarket was located within the food court area, providing various food and nutrition-related products.



9.2. Picture 5& 6: Food court inside Taipei General Veteran Hospital

9.3. 2.2 Hospital Meals

We then observed the hospital meals prepared for inpatients. The hospital provides different types of meals according to patients' medical conditions and nutritional requirements. Examples included low-protein diets for patients with renal disease, diabetic diets, postpartum meals, ground diets, and pureed diets. We also observed different set meals, including pumpkin noodle, fried rice with Sakura shrimp, beef soup, fish soup, and chicken

soup with shiitake mushroom meals.

Through observing these meals, we were able to see how hospital foodservice provides individualized meals according to patients' dietary and medical needs, while maintaining variety in the meals provided.



Picture 7,8 &9: Different type of hospital meal

9.4. 2.3 Kitchen and Foodservice Management

The final part of the tour focused on the hospital kitchen and foodservice management system. Before entering the kitchen, we were required to wear appropriate protective clothing and equipment. This demonstrated the hospital's attention to hygiene and food safety during food preparation and production.

We observed the process of preparing and assembling meals for inpatients. The meals were prepared systematically along a production line, with staff assembling meal trays according to the required meal information.

We also observed equipment used to maintain the temperature of prepared meals before they were delivered to patients. The storage areas for nutrition products and dry food ingredients were also organized within the foodservice department.

One of the most interesting aspects of the tour was seeing the use of AI and digital technology in cafeteria management. The hospital uses an AI-based payment system for hospital staff, which can assist with identifying meals and functioning as a cashier during payment.



Picture: Hospital kitchen and AI payment system

10. 3. Overall Learning from the Visit

The hospital tour gave us a practical understanding of how nutrition and foodservice management are implemented in a large hospital. We were able to observe the connection between clinical nutrition, therapeutic diets, food safety, meal production, storage, and technology.

The visit also allowed us to compare the hospital foodservice system with what we have experienced in our own countries. In particular, the variety of therapeutic meals and the integration of technology into foodservice management provided useful examples of how hospital nutrition services can continue to develop and improve.

11. 4. Conclusion

The Taiwan visit was a valuable experience for AYDN members. Through ADEC 2026, we gained knowledge about the development of dietetics education, research, competency-based training, AI, and international activities.

The Taipei Veterans General Hospital tour complemented this experience by allowing us to observe the practical application of nutrition and foodservice management in a hospital setting.

Together, these activities strengthened our understanding of the nutrition and dietetics profession in Asia and provided opportunities to build international connections, share experiences, and learn from different approaches to dietetics education and practice.