

Nutrition Education Policy for Healthcare Practice:

NNEdPro (Need for Nutrition Education/Innovation Programme:

A global think-tank in evidence based medical nutrition education) healthcare workforce education initiative



The Association of UK Dietitians

c/o British Dietetic Association & with BAPEN support-endorsement



Putting patients at the centre of good nutritional care

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Description of the initiative

Background / context

- Suboptimal nutrition management in healthcare systems is a leading cause of morbidity. This can have far reaching economic consequences in an already poorly resourced setting such as the NHS in the UK. Malnutrition costs the UK economy £13 billion annually.

Rationale for the initiative

- NNEdPro hosts a diversity of expertise in empowering healthcare professionals (doctors, nurses and dieticians) to further nutrition education.
- Deficiencies in awareness, knowledge and skills can be ameliorated by appropriate education/ training for the healthcare workforce.
- In the UK context HEE (Health Education England) is responsible for the training and education of healthcare professionals in England and it is imperative that education schemes encompass core competencies as applied to everyday practice using locally available resources.
- To facilitate this process, patients and carers should have an active role in national nutrition policy formulation and its implementation into practice. For example, patients and carers could assist in identifying key areas that healthcare professionals can improve in clinical practice.

Objectives and scope

- Using an implementation science approach we will design bespoke, sustainable, cross-disciplinary educational programmes on nutrition as applied to health, that actively engage patients and carers.
- To deliver a multidisciplinary, stepwise, blended learning focussed package targeting malnutrition in the acute hospital and community setting.
- The key stakeholders will involve healthcare professionals (doctors, nurses, dieticians) at all stages of their training (including pre-registration).
- To increase meaningful screening, assessment and treatment of malnutrition, for example, the use of the MUST (Malnutrition Universal Screening Tool).

Planned activities & deliverables

Outline the steps to be taken

- The steps taken will employ a knowledge to action cycle as seen in this diagram :
 - **Evaluating** current nutrition education practice to the healthcare workforce.
 - **Identifying** similarities and gaps in nutrition education provision.
 - **Designing** an accessible tailored learning package.

What are the concrete deliverables of the project?

- Knowledge about the nutrition education gaps (through primary survey data).
- Development of a tailored nutrition education package.
- Post-intervention data collection and analysis.

What achievements are possible in the next 12 and 24 months?

- 0-6 months – identify the baseline deficiencies in knowledge and practice, as described by patients & carers
- 6-12 months – design the tailored package using a multi-disciplinary approach and above data.
- 12-15 months – piloting the package in 3 Strategic Health Regions in England (North, Midlands, South)
- 16-21 months – delivering the multidisciplinary nutrition education package.
- 21-24 months – data collection and post-intervention evaluation.

Resources and enablers

Describe personnel and financial needs

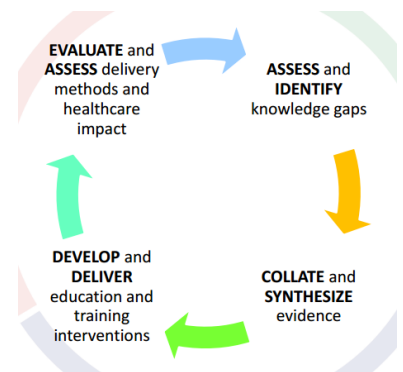
- The NNEdPro infrastructure facilitates access to nutrition education professionals. The logistics to deploy this team would be 15 000 euros.
- In order to coordinate this, the engagement of a project manager and data analysis (10 000 euros) with relevant administrative and publication support (5 000 euros) for the duration of this project. Hence overall financial support requested is 30 000 euros.

Specify how the grant will be spent

- Part of the costings of the 15 000 euros allocated to the multi-disciplinary nutrition education team deployment will be dedicated to the development of educational materials and actual delivery of teaching sessions.
- The 10 000 euros allocated for the hire of a part time project manager will also encompass the costs involved in post teaching data analysis.
- The remainder 5 000 euros will enable sustainable administrative support and it is hoped that any surplus may be used to support open access publication costs.

What factors will make it successful?

- The development of an up to date and systematic compendium of the existing nutrition education gaps to create a tangible education package.
- A minimum of 50% uptake of the newly created material is used by the medical schools, ideally incorporated into the curriculum.
- A change in nutritional practice as captured by the post-intervention evaluation, for example, an increase in the utilisation of the MUST screening tool, signposting to relevant professional for further nutritional assessment .



Results/outcomes & expected impact

How will the findings be implemented?

- The findings will be used as a basis to pilot this innovative education project with an aim to upscale up across the different healthcare trusts/commissioning bodies in the UK and within the European context.

How will this project advance patient care / contribute to optimal nutritional care?

- The aim of the project is to involve patients and carers in the education of all levels of healthcare professionals to enable them to better identify those at risk of malnutrition and be able to signpost appropriately across medical specialties. The key element being a focus on the patient and their carer.

What makes the project innovative?

- Cross disciplinary, evidence based and experiential approach for healthcare professionals via insights from their patients and their carers.

Will the project be likely to influence national nutrition policy?

- This is very much embedded as a component of the rationale for this project.

Is the project transferable to other settings / countries?

- This approach may also be applied to poorly resourced settings on a global scale, applying its flexibility to respond to locally driven need.