

# Training of Nursing Staff on Feeding Role

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## Abstract

Education and training are terms closely related due to the similar objectives. As education strives to equip the learner with the primary skills and knowledge for handling wide array of tasks, training cares for the skills for particular job tasks. However, education and training do not stand on different islands. They complement each other, because, as Ariga&Brunello "there is a significant relationship between educational attainment and On-Job-Training". Education empowers and opens chances for the provision of the on-job- training (also referred to as the employer provided training) activities. In addition, there is an empirical regularity in the training that the educated individuals get as compared to the less educated counterparts.

**Keywords:** Primary • Relationship

## Introduction

There are an increasing number of patients who require enteral feeding support services. A proper training for the intensive care nurses would be important for developing dependable approaches for the various feeding protocols further denotes that there is a need to have common baseline for such feeding protocol and this should be acknowledged and understanding of the ICU multidisciplinary team.

For the purposes of this programme a survey of staff was considered most appropriate. This is based on the idea presented by White & Whitehead.

The survey will be distributed to ICU staff using Survey Monkey.

The following will be the key multiple choice questions:

- Which enteral nutrition complication could be life-threatening?
- Which enteral tube feeding would be appropriate for patients with high residue?
- Intermittent enteral feeding is indicated for which patient population?
- What are priority nursing care actions for a patient receiving enteral nutrition?

The survey result will show the level of knowledge of the current practice, policy and procedure among intensive care nurses for subsequent usage on a daily basis. Furthermore, it will identify any gaps and works as the pretest requirement.

In intensive care area there is a high prevalence of malnutrition. This level of prevalence is multifactorial with one main contributing factor of delays in dietary provision which is always left for the physicians that initiates Nil Per

Month Order (NPO). This has also been argued by. These delays arise when the physicians concentrate on vital organs' resuscitations and the absence of the dietitian's consult related to the non – working hours such as weekends and holidays. Following a review by the ICU multidisciplinary team, it was recommended that there is a merit in proposing a nurse led initiative that would help solve this delay. This proposal was submitted to the Unit Based and Clinical Practice council for consideration and waiting the final approval. The programme was developed to an implementation stage that begun with the first phase of protocol/algorithm refinement. This was to provide a baseline guide to the clinical staff and particularly nurses.

The education/training programme will go through four different stages of development that will capture the Training need analysis, curriculum design, delivery methods and evaluation processes. Therefore, the assignment will be structured to reflect these four basic stages.

The second and the most important component of the plan were the education and training of the nursing staff in the new policy and algorithm. This is expected to give the intensive care nurses the autonomy to feed the patients without further delays form the physicians. For this purpose, a detailed training program should take place, targeting 175 ICU nurses with different backgrounds, specialty, level of experience and coming from a different culture to insure the safe feeding delivery according to the designated evidence based algorithm.

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