

Ward based feeding and swallowing training

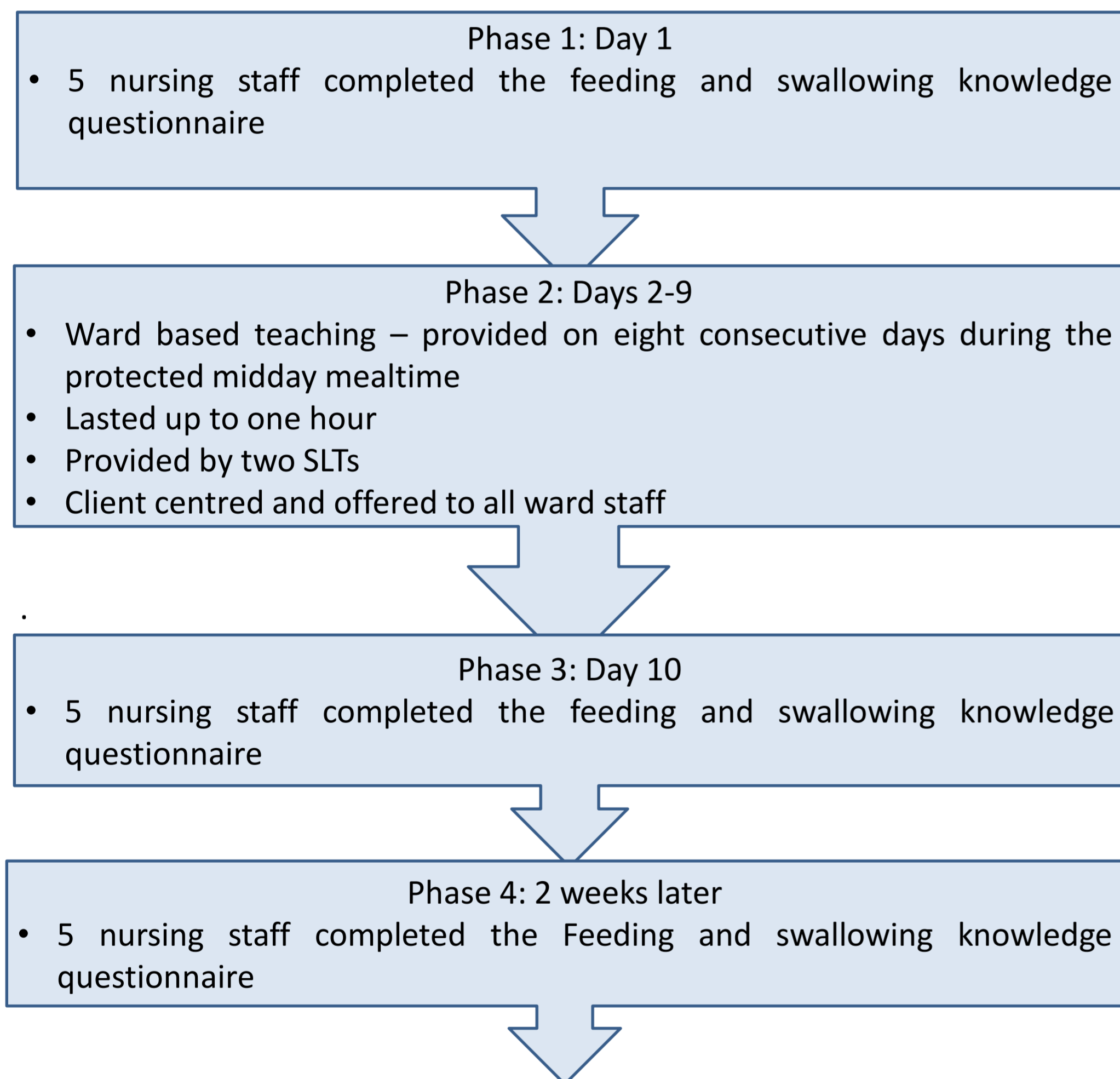
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Background Information – why the study was undertaken

- Delivering comprehensive feeding and swallowing training is difficult because nursing staff (nurses and health care assistants) need to be released from their important ward duties to attend classroom training.
- The Northamptonshire Healthcare NHS Foundation Trust's ward based feeding and swallowing training was introduced to overcome this difficulty.
- The two dysphagia and feeding aims were: 1) To increase the skills and knowledge of those directly involved in patient care 2) To improve patient safety.

Method – how the study was undertaken

- 5 Northampton General Hospital wards participated in this research :



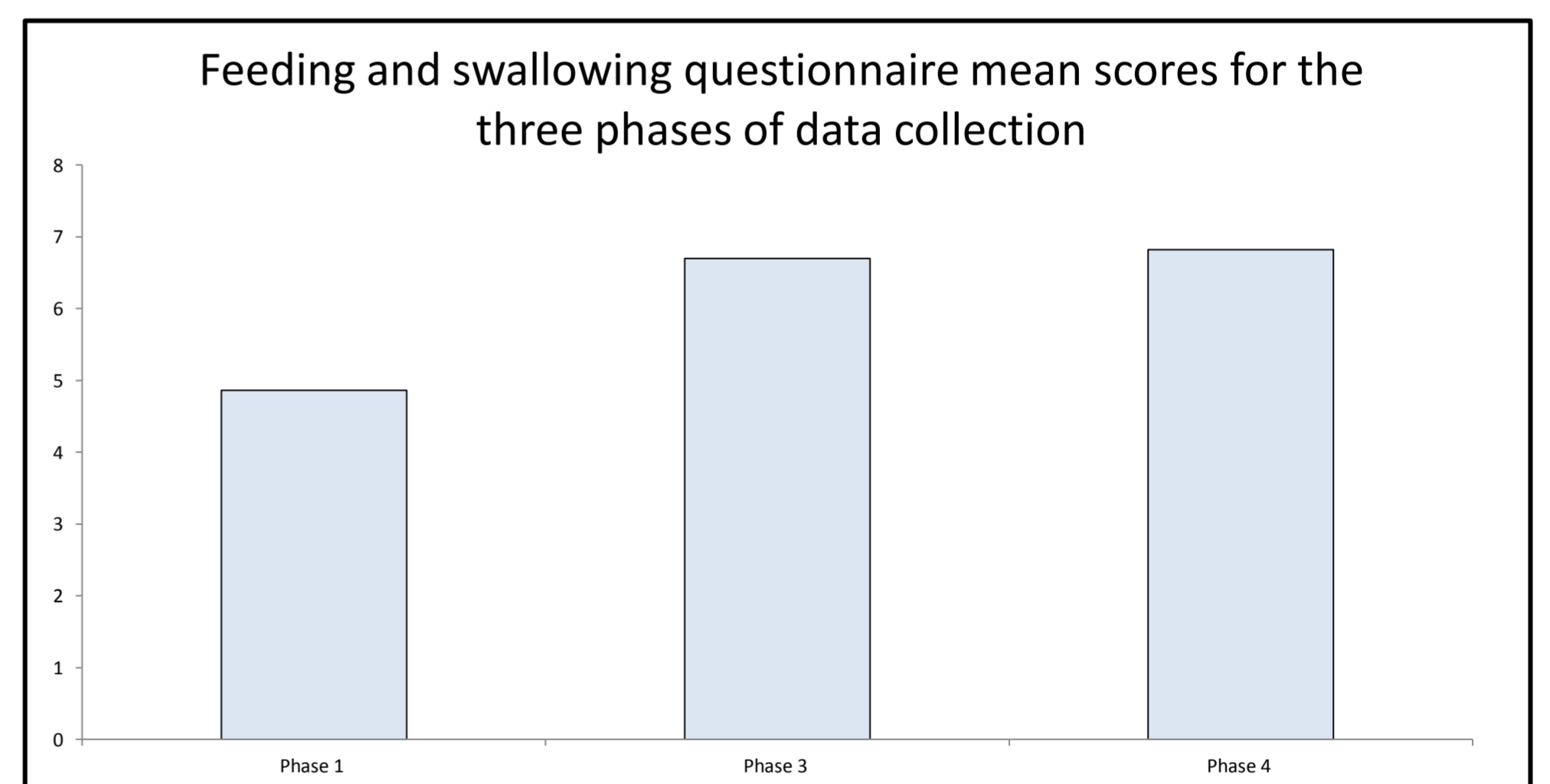
Training was client centred and was tailored specifically for each member of staff. Training included:

1. Indicators and consequences of dysphagia
2. The main stages of swallowing
3. How to manage dysphagia – consistencies, referrals, swallowing techniques
4. Good feeding practices
5. Role of SLT in swallowing management
6. Patient compliance and capacity

Feeding and swallowing knowledge training questionnaire	
1.	Do you know what dysphagia is?
2.	What factors would indicate dysphagia?
3.	What would you do if you think someone has dysphagia?
4.	Do you know the consistencies of fluids used in the hospital?
5.	Do you know the diet options for dysphagic patients in this hospital?
6.	What are the consequences of poor oral care?
7.	Have you attended any dysphagia training? If so what?
8.	Who is the Dysphagia Link Nurse for your ward?
9.	Have you had any feeding training? If so what?
10.	What factors are important to consider when feeding?
11.	What happens when swallowing problems are not managed properly?

Results - what was found

- Analysis was conducted by an assessor who had not participated in the training or collection of data.
- Over the course of the ten month research project, twenty four hours of training was provided for fifty four people: 31 health care assistants, 17 nurses, three student nurses, two assistants and two others.
- Statistical analysis suggested that there was a significant difference between the scores obtained in Phase 1, Phase 3 and Phase 4 (Kruskal Wallis $H(2) = 15.537, p=0.014$, with a mean rank of 18.64 for Phase 1, 34.83 for Phase 3 and 37.78 for Phase 4).



- These findings suggest that the training programme had resulted in a measurable difference in ward staff knowledge and this difference was evident after the training programme had been completed.

Discussion – implications for future practise and research

The results of this study suggest that ward based feeding and swallowing programmes are an effective way to deliver training. They target people who do not normally attend training courses because they cannot be released from their ward work. It also means that training can be individualised to the needs of different wards and staff members. This type of training delivery may be a valuable supplement or even an alternative to classroom based teaching programmes.