Innovative Model of Nutrition Education in a Regional Rehab Hospital

Introduction
Nutrition Education (NE) is an important part of rehabilitation care for people with diabetes. It is a challenge to achieve Core Food Group (CFG) recommendations and manage their condition often with complications like stroke. Lack of knowledge and skills often causes sub-optimal intake in this population. Increasing nutrition knowledge and skills optimises their quality of life and prevents/delays further complications.

Objective
The aim of the study was to increase nutrition knowledge and skills for carers and people with diabetes who are admitted as inpatients in a regional rehabilitation hospital in New South Wales.

Methodology
The prospectively collected data from 296 patients admitted in the regional rehabilitation hospital between October 2012 and September 2013 were screened, as per pre-determined eligibility criteria for the group NE by the dietitian. 53 in-patients were eligible for the group NE sessions. The 30 minute group NE sessions were conducted fortnightly or monthly. 4-6 eligible in-patients and their carers were invited to participate in the NE session. Topics included carbohydrate identification; serve sizes; glycemic index (GI); healthy dietary fats; achieving CFG recommendations etc. These interactive sessions used adult learning principles and participants were provided with handouts. Pre and post evaluation was conducted to assess participant’s knowledge and skills.

Results
Of the 296 in-patients screened 19.26% had diabetes. Of the total 53 participants, 20.75% had stroke as primary diagnosis; 54.72% were males and 45.28% were females. The participants included Indigenous, non-indigenous and other ethnicities. All participants managed diabetes with oral hypoglycemic agents except one participant on insulin. Post session evaluation revealed that all participants substituted high GI with low GI foods; chose appropriate portion sizes; balanced meals; included all CFG’s. This was validated by their menu selection and portion size request during their stay at the hospital. Carers also reported having a better understanding.

Conclusion
Group NE sessions, provide a conducive learning environment for in-patients. Using adult learning principles on these eager and willing learners, who are ready to make changes to their diet and lifestyle, not only improves knowledge retention but also empowered them and provided practical skills.

Future Implications
Equipping people with knowledge and skills in the management of their diet for diabetes is a cornerstone in treatment. In addition to being an effective way of increasing client knowledge and skills, these group NE sessions helped reduce wait-lists and are an effective time management strategy for dietitians.