

# Effect of Simulated Patient Practice on the Self-Efficacy of Japanese Undergraduate Dietitians in Nutrition Care Process Skills

Takayo Tada, PhD<sup>1</sup>; Paul Moritoshi, PhD<sup>2</sup>; Kanae Sato, PhD<sup>3</sup>; Takayo Kawakami, PhD<sup>4</sup>; Yuko Kawakami, PhD<sup>1</sup>

## ABSTRACT

**Objective:** To examine the effect of an adapted simulated patient (SP) intervention on self-efficacy in nutrition care process skills.

**Design:** A repeated-measures design using a 25-item survey divided into 7 nutrition professional practice competencies (PPCs) employing a 5-point self-efficacy scale (1 = lowest to 5 = highest) administered immediately before and after the intervention.

**Setting:** A private Japanese university.

**Participants:** Ninety Japanese third-year dietetics undergraduates aged 20–38 years.

**Intervention:** An adapted SP activity practicing nutrition care process skills for the infirm elderly population.

**Main Outcome Measures:** Pre- to postintervention self-efficacy response scores and feedback.

**Analysis:** Mean preintervention survey scores were used to divide participants into statistical quartiles (Q<sub>1</sub> indicated lowest mean scores and Q<sub>3</sub>, highest mean scores). Wilcoxon signed-rank tests compared each PPC's pre- and postintervention means. Kruskal-Wallis tests examined changes in quartiles' scores within each PPC.

**Results:** Self-efficacy improved significantly in PPCs relating to application of appropriate medical ethics and interpersonal skills ( $P = .02$ ), appropriate nutrition assessment ( $P = .04$ ), and creation of a nutrition management plan and nutrition intervention ( $P = .03$ ). Self-efficacy of Q<sub>1</sub> and Q<sub>2</sub> rose significantly in most PPCs, although not for acting as a dietitian within a medical care team, whereas that of Q<sub>3</sub> decreased for all PPCs.

**Conclusions and Implications:** Among initially low self-efficacy dietetics undergraduates, the SP intervention enhanced self-efficacy in 3 of the 6 PPCs practiced directly and may facilitate more realistic self-views among initially high self-efficacy students. However, further research in the design, implementation, and efficacy of this type of training is recommended to gauge its effects on the quality of related professional practice.

**Key Words:** dietetics, experiential learning, infirm elderly, in-home nutrition support, patient simulation (*J Nutr Educ Behav.* 2018;■■:■■–■■.)

Accepted December 20, 2017.

## INTRODUCTION

Between 2015 and 2025, the number of elderly people in Japan aged >65 years is estimated to rise by 2.66 million (3.6% of the national population), from 33.92 million (26.7%) to 36.58 million (30.3%). Simultaneously, those aged >75 years are estimated to increase by 5.38 million (5.2%), from 16.41 million (12.9%) to 21.79 million (18.1%).<sup>1</sup> This has the potential for a subsequent increase in the number of infirm elderly individuals, ie, home-bound elderly people who cannot perform activities necessary for daily living. Although existing, partially publicly funded hospitals and

<sup>1</sup>Department of Human Nutrition, Chugoku Gakuen University, Okayama City, Japan

<sup>2</sup>Department of International Liberal Arts, Chugoku Gakuen University, Okayama City, Japan

<sup>3</sup>Department of Nutrition, School of Nursing and Nutrition, Tenshi College, Sapporo, Japan

<sup>4</sup>Faculty of Health and Welfare Science, Okayama Prefectural University, Soja, Japan

*Conflict of Interest Disclosures:* The authors' conflict of interest disclosures can be found online with this article on [www.jneb.org](http://www.jneb.org).

Address for correspondence: Paul Moritoshi, PhD, Department of International Liberal Arts, Chugoku Gakuen University, Niwase 83, Kita Ku, Okayama City, Okayama Prefecture 701-0197, Japan; Phone: (81 0) 86 293 3313 413; Fax: (81 0) 86 293 3993; E-mail: [paulmoritoshi@cjc.ac.jp](mailto:paulmoritoshi@cjc.ac.jp)

© 2018 Society for Nutrition Education and Behavior. Published by Elsevier, Inc. All rights reserved.

<https://doi.org/10.1016/j.jneb.2017.12.013>

**Table 1.** Japan Dietetic Association’s 7 Nutrition Care Process Professional Practice Competencies, With Timing of Application and Intended Educational Outcomes

Professional Practice Competency	Applied During			Students Learn to...
	Pre-simulated Patient Scene Setting	Step 1	Step 2 Step 3	
A Apply appropriate medical ethics and interpersonal skills		↔		...conduct themselves in an ethical and professional manner
B Record and present relevant care-related information	↔			...record and report to the patient the bases for their suggested nutrition diagnoses, management plans, and interventions
C Act as a dietitian within a medical care team	↔			...lead nutrition management within medical treatment or nursing support teams
D Conduct appropriate nutrition assessment	↔			...conduct counseling to obtain relevant information to diagnose the patient’s nutritional condition accurately and design appropriate nutrition management plans and interventions
E Conduct appropriate nutrition diagnosis		↔		...make accurate nutrition diagnoses for nutrition improvement
F Create a nutrition management plan and nutrition intervention		↔		...design and implement nutrition management plans and nutrition interventions based on nutrition diagnoses
G Monitor and assess a patient’s condition			↔	...monitor and evaluate nutrition management plans and their implementation to solve specific problems

↔ Direct practice via simulated patient training. ↔ Self-evaluation based on other lessons relating to occupational collaboration.

nursing homes can meet this greater demand, their use is relatively low because people prefer to stay at home. To prevent malnutrition among homebound infirm elderly people, it is important to provide in-home nutrition support<sup>2</sup> including meals and/or supplemental foods, tube feeding, and assisted feeding. This is particularly important for those with medical conditions such as diabetes, the prevalence of which is already high and is estimated to increase considerably in the future among Japan’s elderly population.<sup>3</sup>

In response to this need, in 2014, Japan’s Ministry of Health, Labor, and

Welfare announced a policy of securing medical treatment and nursing care for people aged >65 years and initiated the development of the Integrated Community Care System, which specifically provides for in-home dietetic support to Japan’s infirm elderly population. This raised the issue of how those who provide such support would receive appropriate training.

One solution is to offer instruction in the Japan Dietetic Association’s (JDA’s) General Nutrition Care Process (GNCP).<sup>4</sup> The GNCP is a 3-step approach to individualized nutrition assessment and quality care for which

dietitians need to develop the 7 professional practice competencies (PPCs) established by the JDA (Table 1).

The 3-step GNCP and associated 7 PPCs could form the bases of experiential learning activities for enhancing the self-efficacy of undergraduates in dietetics programs in providing in-home nutrition care to infirm elderly individuals. Self-efficacy, defined as “one’s belief in one’s ability to succeed in specific situations or accomplish a task,”<sup>5</sup> strongly influences how individuals view and apply themselves to tasks,<sup>6</sup> and has been correlated positively with effort and persistence to complete tasks generally successfully<sup>7</sup>

Download English Version:

<https://daneshyari.com/en/article/6843470>

Download Persian Version:

<https://daneshyari.com/article/6843470>

[Daneshyari.com](https://daneshyari.com)