

Improving Nutrition Students' Knowledge and Perceived Competence to Provide Nutrition Education to Adults with Disabilities via Experiential Learning



PROVIDING NUTRITION CARE to those with disabilities is an important and emerging area of nutrition expertise. The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination and guarantees that people with disabilities have the same opportunities as other Americans.¹ According to the ADA National Network, there is no universal definition for disability, although the ADA defines disability broadly.² As reported by the US Census bureau, 19% of Americans have a disability, and half of these individuals have a severe disability.³ Difficulty with hearing, vision, cognition, ambulation, mental health, self-care, or independent living are some of the ways disabilities may manifest.⁴ A disability may be present at birth or develop later in life, and it may result from genetic or chromosomal injury, disease, or other causes.⁵

Individuals with disabilities have higher rates of obesity and chronic diseases such as diabetes, hypertension, and hypercholesterolemia, compared with those without a disability.⁶ Over the last 20 years, greater emphasis has

been placed on meeting the health needs of those with disabilities and training health care providers to meet the needs of the whole person.⁷ At the same time, those with a disability continue to be less likely to receive health care services compared with those without disability.⁸ Delivering nutrition care is important not only for prevention and treatment of obesity but also to assure a healthy diet, which can support quality of life and delay the onset of chronic diseases, such as diabetes and cardiovascular disease.⁹ The Academy of Nutrition and Dietetics has developed standards for practice and professional performance for registered dietitian nutritionists providing nutrition care for those with intellectual and developmental disabilities,¹⁰ and a recent position paper was devoted to this topic.¹¹

Currently no formal standards exist for training students or interns in providing nutrition care for those with disabilities. Although nutrition students are required to learn about various disease states, some of which may involve disabilities, they are not currently mandated to be taught about disabilities as a separate topic. A review of the literature indicates that little has been published about exposing nutrition students to the nutrition care of this population.

This project was begun when the chief executive officer (CEO) of a nonprofit organization devoted to promoting health and wellness for those with disabilities contacted University of Delaware nutrition faculty and requested assistance in providing nutrition education for those with disabilities. The CEO maintained that very few, if any, nutrition programs existed for this population, and that in her experience, those 30 to 60 years of age with moderate physical disabilities or mild

cognitive disability were very interested in nutrition information. Nutrition faculty thought that working with nutrition students to fulfill this request and to assist this population in achieving a healthier diet presented a unique opportunity for learning in a real-world setting, outside of the classroom and structured curriculum. Mentoring nutrition students as they developed nutrition education presentations for those with disabilities would not only meet a need in the community, but also would expose students to an area of practice that is receiving growing attention but has less experience.

A review of the literature showed that although few studies have investigated occupational therapy,¹² nursing,^{13,14} and speech language^{15,16} students' attitudes toward providing health care to those with disabilities, little has been published regarding nutrition students' attitudes and knowledge about nutrition care for adults with disabilities. With a goal of better serving adults with disabilities, this study was undertaken to assess students' baseline knowledge and attitudes (comfort), and then to determine whether education and experience in working with adults with disabilities changed knowledge and attitudes. The premise that experiential learning could improve knowledge of working with individuals with disabilities is consistent with the Adult Learning Theory,¹⁷ which states that adults learn when they are partners in the learning process and when they see the practical outcomes. They learn by experience.

Research conducted among students in health-related disciplines underscores the value of hands-on learning when working with individuals with disabilities. In a study of student wellness coaches (mostly exercise science and biology majors) who developed individualized wellness

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plans for participants with disabilities, students showed improved confidence toward working with those with disabilities and participants demonstrated a reduction in body mass index during the 3-month program.¹⁸ Occupational therapy students who participated in experiential learning developed empathy to the lived experience of disability.¹¹ In-class lectures/discussions combined with a field experience was shown to positively affect attitudes among nursing students toward working with those with disabilities.¹² Conversely, a study of a nursing program's curriculum change to include more theory did not result in significant differences in nursing students' opinions about working with disabled individuals.¹³

The aim of this article is to discuss nutrition students' perceptions of working with adults with disabilities before and after the experiences of creating, implementing, and evaluating nutrition workshops for those with disabilities.

THE PROJECT

Assessing Perceptions and Knowledge

Data were collected between September 2013 and January 2014. Before

beginning the study, the protocol, informed consent, and study materials were approved by the University of Delaware Human Subjects Institutional Review Board. Through the University's undergraduate Nutrition and Dietetics Club, undergraduate dietetics/nutrition majors were invited to create and present nutrition workshops for individuals with disabilities. Of those interested in creating or presenting the workshops, an Institutional Review Board–approved email was sent inviting them to participate in a concurrent research study on the effect of experiential learning on nutrition-related knowledge, attitudes, and perceived competence to provide nutrition care to individuals with disabilities. Informed consent was then obtained from students interested in participating in the research. Three pre-experiential learning focus groups were conducted with students to establish baseline knowledge, attitudes, and perceived competence in providing nutrition care to those with disabilities. Students then received education/training regarding working with individuals with disabilities and created two nutrition workshops for individuals with disabilities (see “Education and Experiential Learning” for details). After the workshops were given, three post-experiential learning

focus groups were conducted with students to determine post-experience knowledge, attitudes, and perceived competence in providing nutrition care to individuals with disabilities. Only students who participated in the pre-experiential learning focus group, all education/training activities, and at least one of the nutrition workshops were invited to take part in the post-experiential learning focus groups.

Focus Group Methods

The focus group questions were first developed by student researchers based on a review of the literature,^{19,20} with questions added to assess students' knowledge and perceptions of providing nutrition education for those with disabilities. These questions were then tested for content validity and reviewed by the two faculty researchers. Questions were revised, and a focus group script and protocol was developed. Pre-experiential learning focus group scripts included questions regarding demography, past exposure to and experience with individuals with disabilities, nutrition-related knowledge, attitudes, and perceived competence. Post-experiential learning focus group scripts included the same questions about nutrition-related knowledge, attitudes, and perceived

Opening Questions
1. Does anyone in your family have a disability? Please describe.
2. Have you ever worked with someone with a disability? If so, please describe this experience.
Key Pre- and Post-Experience Questions
1. What knowledge do you think you need in order to work with individuals with disabilities?
2. Do individuals with disabilities have unique dietary or nutrient needs? If so, what are they?
3. What are your expectations or thoughts on providing nutrition education to individuals with disabilities?
4. What barriers, if any, would you expect to encounter when working with individuals with disabilities?
5. What skills do you think are important to have when working with individuals with disabilities?
6. How are your current skills suited to working with individuals with disabilities?
Additional Post-Experience Questions
1. What did you learn about yourself?
2. How are you different as a result of this experience?
Debriefing
Does anyone have any additional thoughts to add?

Figure 1. Focus group guide questions on nutrition majors' perspectives about providing nutrition education for those with disabilities.

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