

Food/Food Service Satisfaction of Residents Living in a Rehabilitation and Nursing Center

Author(s): A. Balestino¹, J. Bodzio¹, A. Levine¹, N. Tagge²; ¹Marywood University, ²Culinary Services Group

Learning Outcome: Upon completion, participants will be able to describe the food/food service satisfaction of residents living in long-term care as well as its relationship to age and length of stay.

Background: Dissatisfaction with food/food service (f/fs) in long-term care can lead to malnutrition, morbidity, mortality, and increased healthcare costs. The purpose of this study was to investigate f/fs satisfaction of residents in a rehabilitation and nursing facility.

Methods: Cognitively intact residents at a rehabilitation and nursing center (n=26, 84.7±11.9 years, 65.4% female, 100% white) answered 28 questions from the (1) *enjoying f/fs*, (2) *exercising choice*, (3) *cooking good food*, and (4) *providing food service* domains of the FoodEx-LTC survey along with questions about demographics and length of stay. Domain scores were calculated and residents were grouped by age and length of stay. Pearson correlation and independent-sample t tests were used to determine relationships between f/fs satisfaction, demographics, and length of stay. Significance was set at p<0.05.

Results: Mean scores for domains 1-4 respectively were 24.88±4.07 (range 17-31), 16.12±2.79 (range 11-21), 16.38±3.77 (range 6-20), and 29.48±4.74 (range 16-36). Older residents were more satisfied with the *cooking good food* domain than were younger residents (p=0.01). Residents who stayed at the facility long-term trended toward higher satisfaction scores (17.77±2.421) for the *cooking good food* domain than short-term residents (15.27±3.82, p=0.065). No other notable relationships were found.

Conclusion: Residents' satisfaction with their food/food service was above average. Age was positively associated with higher food/food service satisfaction scores. Because higher food/food service satisfaction can lead to improved nutritional status and decreased risk of nutrition-related complications, further investigation into other factors that influence food/food service satisfaction in the long-term care setting is warranted.

Funding source: None

Frequency of Performance of Advanced Practice Tasks Among Alumni from the Rutgers School of Health Professions Department of Clinical and Preventive Nutrition Sciences Graduate Programs

Author(s): R. Torres-Cruz¹, C. Gassmann¹, J. Sackey¹, R. Touger-Decker², R. Brody¹; ¹Rutgers School of Health Professions, ²Rutgers Biomedical and Health Sciences

Learning Outcome: Upon completion, participants will be able to describe the frequency of performance of the Commission on Dietetic Registration advanced practice tasks of clinical nutrition graduate programs' alumni.

Background: The Rutgers School of Health Professions has three nutrition graduate programs ranging from entry to advanced practice (AP). Information about alumni performance of AP tasks is valuable for evaluating program outcomes. This study explored the frequency of performance of the Commission on Dietetic Registration (CDR) AP tasks among alumni from the entry-level (ELMSCN) and post-professional Master of Science in Clinical Nutrition (MSCN) Programs and the Doctor of Clinical Nutrition (DCN).

Methods: This cross-sectional study used a web-based survey sent in the summer of 2021 and contained sociodemographic and professional characteristics questions and the 63 CDR AP tasks. Fisher's exact tests were used to explore the differences in frequency of performance of three research-related AP tasks by graduate program.

Results: Of the 94 alumni who responded (response rate= 32.5%), 90.9% were female, non-Hispanic (88.6%), and white (89.8%), with a median age of 44.5 years and 17 years of Registered Dietitian Nutritionist experience; 73.4% (n=69) were in clinical practice. All alumni performed clinical AP tasks more frequently than management, design/development, and research tasks. ELMSCN alumni performed the tasks "evaluating published research" (P=0.015) and "utilizing systematic methods to obtain answers" (P< 0.001) more frequently on a daily basis than MSCN and DCN alumni. In contrast, DCN alumni performed these tasks more frequently monthly than MSCN and ELMSCN alumni.

Conclusion: Entry-level program alumni performed research-related tasks more frequently on a daily basis compared to MSCN and DCN alumni. More research is needed to understand the factors that impact the research task performance.

Funding source: Rutgers School of Health Professions, Department of Clinical and Preventive Nutrition Sciences

Good Perceived Understanding of and Satisfaction with Competency-Based Education: The 2021 Survey of Faculty and Preceptors in the Future Education Model Graduate Demonstration Programs

Author(s): L. Wang¹, J. Wright², J. Swain³, E. Cowie⁴, R. AbuSaba⁴; ¹University of the Pacific, ²Marywood University, ³Case Western Reserve University, ⁴Accreditation Council for Education in Nutrition and Dietetics

Learning Outcome: Upon completion, participant will be able to articulate perceived understanding of and satisfaction with competency-based education and demonstration programs among faculty and preceptors.

Graduate programs that have adopted the Future Education Model (FEM) Accreditation Standards use competency-based education (CBE) that integrates course work and experiential learning to prepare students to become registered dietitian/nutritionists. Twenty-seven newly accredited graduate demonstration programs of the FEM Accreditation Standards (FG programs) were surveyed in Fall 2021. Of the 24 respondents, half were preceptors (12/24, 50.0%) and 10 were faculty (41.7%). More than half of respondents received training on CBE in the last year (14/24, 58.3%). Live webinars, online modules, in-person workshops, and hard-copy handouts were the most frequently used formats of training. On a Likert scale of 1-7 (1 = lowest and 7 = highest), the average reported understanding of CBE was 5.85 (SD = 0.56, 100% rating 5 or higher, n = 13) and with the training on CBE was 5.85 (SD = 0.689, 100% rating 5 or higher, n = 13). Within their FG programs, the average satisfaction with integrated experiential learning was 5.41 (SD = 1.333, 68.2% rating 5 or higher, n = 22), with CBE assessment was 5.09 (SD = 1.411, 68.2% rating 5 or higher, n = 22), and with student demonstrating competencies was 5.50 (SD = 1.300, 81.8% rating 5 or higher). Consistent with data from previous surveys, the results indicate good perceived understanding of CBE by faculty and preceptors and overall satisfactions with CBE training as well as their respective FG programs.

Funding source: This study was sponsored by the Accreditation Council for Education in Nutrition and Dietetics (ACEND).

Impact of Nutrition Education with and Without Diet Coaching on Dietary Protein Intakes Of Caregivers Their Family Members With Dementia

Author(s): S. Gropper¹, D. D'Avolio¹, M. Appelbaum², D. Newman¹; ¹Florida Atlantic University, ²Florida State University

Learning Outcome: Describe the impact of nutrition education with and without diet coaching on the protein intakes of caregivers and their family members with dementia.

Many adults do not consume enough protein. Inadequate dietary protein decreases muscle protein synthesis, muscle mass, strength, and function. This study examined the impact of nutrition education with and without diet coaching on protein intake among persons caring for family members with dementia (FMWD) (Institutional study approval #1488931-2). It was hypothesized that coached caregivers (CG) and their FMWD would increase protein intake to a greater extent than those not coached. Participants were recruited from state memory/wellness centers. Twenty-five CG (92% females, mean age 66yr) and their FMWD (mean age 81yr) completed the 8-week study. All participants received nutrition education including a protein prescription. Coached-group randomized CG also received weekly diet coaching. Anthropometrics and protein intake (from three 24-hour diet recalls) were assessed at baseline and 8 weeks. A factorial repeated-measures ANOVA examined within group and between effects. There were no significant differences between coached (n=13) and not-coached (n=12) CG and FMWD for baseline parameters. After 8-weeks, coached and not-coached CG's protein intake (g/kg and shown g/day) significantly increased from 62.6±13.2g at baseline to 82.8±12.4g coached and from 60.0±6.4g to 67.1±19.1g not-coached with a significant (p=.014) intervention effect. Between baseline and 8-weeks, FMWD's protein intake (g/kg and shown g/day) increased (p=.008) from 61.2±15.9g to 79.3±22.3g coached and from 60.0±15.4g to 70.2±23.7g not-coached but with no intervention effect. Coached CG exhibited an improved protein intake of 32% whereas the not-coached CG protein intake only improved by 12%. The coaching intervention did not result in differences in protein intake among FMWD.

Funding source: Institute of Coaching, McLean Hospital/Harvard Medical School Affiliate. Boston, MA.