

An educational intervention including ‘MUST’ is successful in improving knowledge about oral nutritional supplements and prescribing practice among community-based health professionals

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General medical practitioners (GPs) and nurses are largely responsible for the management of patients prescribed oral nutritional supplements (ONS) in the community setting in Ireland. However, these professionals receive little training in nutrition, and practices relating to ONS are not always evidence-based⁽¹⁾. A total of 77% of ONS were ‘inappropriately’ prescribed in one study in the UK community setting⁽²⁾. The Malnutrition Universal Screening Tool (MUST)⁽³⁾ has been shown to be effective in promoting evidence-based nutritional assessment and monitoring of patients in many healthcare settings⁽⁴⁾.

We implemented an educational intervention that incorporated MUST, to address the knowledge and practice of GPs and nurses in the community in relation to ONS. Topics covered included: causes of malnutrition, basic dietary advice, evidence for use of ONS, use of MUST and referral of patients to the community dietitian (new service). Resource packs were provided, which included MUST and patient information leaflets.

All fifty-three eligible community nurses, staff from eight of ten eligible general practices (GPs and practice nurses), and nursing staff at all seven eligible nursing homes in a midlands county agreed to participate in the study. One community dietitian (S.K.) facilitated twenty-two education sessions over a 3-month period (Table 1).

Table 1. Location and description of educational interventions for groups

Location	Profession of attendees (n=total attendees)	Duration	Group size per session
General practice	GPs (n 14) and practice nurses(n 9)	1 h lunchtime	2–5
Nursing home	Staff nurses (n 20)	2 h afternoon	1–5
Community health centre	Community nurses (n 53)	3 h afternoon	8–16

Table 2. Changes in mean knowledge scores (n)* pre- and post intervention

	Pre-intervention	Post-intervention	6-month follow-up	P
Total group	3.6 (n 87)	6.6 (n 91)	6.3 (n 57)	NA
Matched pairs	4.0 (n 52)	7.0 (n 52)	6.3 (n 52)	<0.001†

* n, number of health professionals who completed self-administered questionnaires.

† Friedman test.

Participants’ knowledge was assessed using self-administered questionnaires, comprising eight multiple-choice questions. These were completed immediately before and after, and 6 months after the intervention. Follow-up qualitative evaluation was also undertaken at 6 months after the intervention (Table 2).

Six-months after the intervention, 80% (forty-four) of attendees (fifty-five) reported that MUST was an acceptable tool for their work setting. 66.5% (thirty-five) had used MUST in their work. MUST was reported ‘easy’ or ‘very easy’ to use by 62% (thirty-four). Evidence of improved practice was found, as 69% (thirty-eight) reported to weigh patients more often, 78% (forty-three) gave appropriate dietary advice and 46% (twenty-five) gave appropriate advice on ONS to patients at risk of malnutrition.

Our results suggest that a once-off educational intervention, incorporating MUST, can increase the knowledge of health professionals in the short term and can improve practice related to the use of ONS in the community.

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