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Nursing Education on Pediatric Feeding Therapy

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Introduction

Feeding disorders encompass various diagnoses, including dysphagia, eating disorders, malnutrition, and the use of feeding tubes (Kovacic et al., 2021). Feeding therapy, a form of intervention for children with feeding disorders, is typically conducted by either an occupational therapist or a speech pathologist (Cohen & Dilfer, 2022). The annual prevalence of pediatric feeding disorders among children under 5-years of age in the United States is estimated to range from one in 23 to one in 37. The demand for these services continues to surpass the available supply (Cohen & Dilfer, 2022).

It commences with an assessment of the patient's physical and psychological eating behaviors. The treatment includes positive reinforcement, food adjustments, systematic desensitization, oral motor techniques, and sensory therapy. Occupational therapists treat the feeding impairment and its cause (AOTA, 2017) whereas speech pathologists only treat the feeding impairment (ASHA).





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Hypothesis

By equipping nurses with the skills to perform feeding therapy, it is anticipated that wait times for this intervention will decrease.

Method

Design

Quantitative Quasi-experimental

Participants

 10 registered nurses employed at a healthcare facility with speech pathologist and occupational therapist

Independent Variable

 Nursing education program for pediatric feeding therapy

Dependent Variable

Average wait time for pediatric feeding therapy evaluations

Procedure

- The participants will partake in 4 weeks of classroom based instruction and 4 weeks of one-to-one preceptorship.
- The participants will independently conduct feeding therapy evaluations for a duration of 8 weeks.
- The study will analyze the average wait times for patient evaluations, comparing the periods before and after the intervention for individuals with similar feeding disorders.

Results

- Statistical analysis, such as t-tests, will be employed to compare the wait times before and after pediatric feeding therapy education for the treatment group and to compare the treatment and control groups.
- Descriptive statistics will be used to measure the mean wait time before and after the intervention.
- The p-value will be measured using inferential statistics. If the p-value is < 0.5 then it will be considered statistically significant and the null hypothesis will be rejected.
- If the alternative hypothesis is supported, it would suggest that pediatric feeding therapy education for nurses leads to a significant decrease in wait times for patients with feeding disorders, thus improving the overall quality of care.

Conclusion

- This study is a significant step towards addressing the issue of prolonged wait times for patients with feeding disorders.
- The implications of this study could be far-reaching, as it has the potential to inform healthcare policies and practices in the context of pediatric feeding disorders.
- A reduction in wait times can lead to quicker access to specialized care, ultimately benefiting patients and their families.
- The importance of ongoing education and training for healthcare professionals in specialized areas is emphasized, highlighting the role of nurses in the multidisciplinary care team.

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