

awareness and practice makes for a healthy work force. Punjab, known as the food basket of India, ironically, suffers the prevalence of 'malnutrition'. This, especially among rural women, is primarily due to lack of nutritional awareness and education. With this premise, a Basic Nutrition Curriculum Development intervention was conducted with rural women in Punjab.

Methodology The nutrition intervention involved 35 trainees pursuing beauty care and stitching training at a charitable trust (MBCT). A 10 sessions' curriculum @2.5 hours each was delivered on a weekly basis and documented using pre and post sessions' questionnaires (Knowledge, Attitude, Practices methodology). A Review was undertaken after three months of the completion of the intervention. Participatory activity-based pedagogy using audio-visual aids and live demonstrations were used. Select ingredients were also given to the trainees.

Results Significant post-attendance changes were observed in the trainees. They had gained awareness about basic food groups, the balanced food platter etc. Notable changes in their daily eating habits – eating at the right time, appropriate water consumption, including different food sources in diet were observed. The intervention also made the respondents rethink their assumptions based on customary beliefs and practices. Mindfulness of cooking practices and use of appropriate quantity of cooking oil was observed. Importantly, awareness about causes and symptoms of nutrition related deficiencies and appropriate foods to overcome them was also noted. The trainees also gained confidence to discuss their health problems with family. Knowledge sharing with peer group and family members was also observed as trainees used the recipe book containing dishes prepared during the training.

Way forward The aim is to advocate the Basic Nutrition Curriculum's adoption gender-neutrally as a compulsory component in all Skill Development Programmes run by government, non-government (NGOs) and private institutions under the Punjab Skill Development Mission.

15 REDESIGNING ONLINE RESTAURANT SURVEYS FOR ASSESSMENT OF NEW NUTRITION DATA AND MARKETING NUTRITION

Jaroslav Guzanic. *Swiss Association for Cooperation on Food Education, Chefs' Manifesto Switzerland*

10.1136/bmjnph-2023-nnedprosummit2022.18

Background As COVID-19 restrictions have begun to relax in many parts of the world, the global demand for restaurant food has been on a rise. Following this trend, there was an appropriate time to collect new feedback from customers.

Objectives The purpose of this survey was to examine and report associations between the nutrition attitudes, food choices and preferences, and consumer demands.

Methods The survey was conducted in October of 2021 and took until March 2022. Online questionnaires were distributed to 252 customers. The questions were divided in four main categories: general questions, customer service, food and beverage quality, food choices and preferences. The questionnaires were disseminated through social media channels and by e-mail. The respondents were also enabled to interact directly with the restaurant culinary chef.

Results 81% of guests usually consumed a three-course menu, including a starter, main and dessert. Personal preferences and

wishes to change menu items/sides were detected by 86%. Generally, 92% of the asked were interested in cooking restaurant food menus at home. An interest in hiring a personal chef to learn new recipes and techniques was shown in 83% of the participants and 95% were interested in exploring new ingredients and food pairing combinations. There was an increased number of customers with dietary restrictions and health conditions by 56% of respondents. 68% reported to have developed a newfound passion for cooking. Different understanding and interpretation of plant-based diets was perceived among 73%. Finally, there was a significant improvement of cooking skills after online interaction and communication with a chef, reported by 93% of survey participants.

Conclusion In the last few months, part of the resilience stage for many hospitality facilities, restaurants have been changing their culinary philosophy and business strategy. This survey shows a significant improvement of cooking skills among guests/consumers after having communicated with a restaurant chef online, primarily achieving better outcomes in preparation of sauces, creating textures, baking healthier desserts, breads and improving presentation skills and plating techniques.

Acknowledgments Other contributors include the management team of Hotel Hirschen in Sursee, the canton of Lucerne, Switzerland. Swiss Society for Nutrition, Swiss Association for Cooperation on Nutrition Education, Hotellerie Suisse.

16 NUTRITIONAL STATUS OF THE HEALTH CARE WORKERS FROM URBAN BANGALORE CITY HOSPITALS

Pallavi Bardhar, Rani Ravindra. *IGNOU, Bangalore, Karnataka, India*

10.1136/bmjnph-2023-nnedprosummit2022.19

Introduction Health care worker's job accountability may influence their ability to maintain healthy lifestyle and dietary habits. Therefore, there is a need to address health issues among health care workers (HCW).

Methods Based on quota system, from the urban hospitals of Bangalore city (Karnataka) India, (205) subjects were selected. Professional classification was followed as suggested by WHO, (2020). Self-reported height and weight was noted. Calculated BMI was classified as per WHO, (2020) and compared with macro and micronutrient intake (calculated using 2 day 24 hour dietary recall method), Mean Adequacy Ratio (MAR), Nutritional Adequacy Ratio (NAR), physical activity, stress and sleep pattern.

Results Current study included, 74(36.07%) doctors, 97 (47.32%) nurses and 34 (16.5%) paramedical staff. BMI classification shown more male doctors 15(39.5%) and lesser 5 (13.9%) overweight females. Only 4(11.1%) were female obese consumed (179.19±44.91gm/day) carbohydrates and 2 (5.3%) obese male doctors, consumed more carbohydrates (213.02±38.9gm/day) and less physically active (P < 0.001). Among female nurses 23(25.8%) were overweight, consumed 45.05±10.08gm protein per day. Only 10(11.24%) female nurses were obese but more obese males consumed 49.56 ±11.41gm/day and energy intake as 178 kcal/per day. Increase in number of working hours among nurses (8 to 10 hours/day), significantly raised stress level (r = 5.996, P =0.05). NAR micronutrient intake showed (70%) were 'inadequate' to "fairly adequate" for calcium, iron and vitamin B12. The Mean Adequacy Ratio (MAR) 82.18% and 44.62%

respectively ($P < 0.001$ for doctors and nurses) and ($P = 0.003$ for nurses and paramedical staff). Pittsburgh Sleep Quality Index (PSQI) scale showed (36%) 'poor sleep' quality and (20%) 'need help' category. Perceived Stress Scale (PSS) showed (72.68%) were moderately stressed with compromised sleep quality.

Conclusion When BMI was compared with macronutrients and micronutrient, sleep and stress patterns results showed a positive correlation ($r = 0.312$; $t=4.679$; $p < 0.001$). Indicating stress can influence body composition, nutrition intake and sleep quality.

Health systems

17

AN EVALUATION OF NG REMOVAL PRACTICES AND NUTRITIONAL INTAKE PARAMETERS IN AN ACUTE NEUROSURGICAL POPULATION – THE DEVELOPMENT OF AN NG TRANSITION FEEDING PROTOCOL

^{1,2}Shane McAuliffe, ¹Alan Archer, ¹Amy Carter, ²Sumantra Ray. ¹The Walton Centre NHS Foundation Trust, Liverpool, UK; ²NNEdPro Global Institute for Food, Nutrition and Health, Cambridge, UK

10.1136/bmjnph-2023-nnedprosummit2022.20

Background Due to the complex nature of neurosurgical patients, nasogastric (NG) tube feeding is often implemented to provide nutrition for patients unable to consume adequate oral intake. During recovery patients on enteral nutrition (EN) are progressed to oral nutrition (ON), which can quickly result in NG removal and discontinuation of an existing feeding plan. This is often before patients become established on sufficient oral intake to meet their nutritional requirements.

Methods We conducted a 3-month, prospective audit on 5 neurosurgical wards to answer 6 key questions related to commencement of ON and removal of NG tubes: (1) How long is average response time from initial speech therapist (SLT) to dietitian (RD) review once oral intake is commenced? (2) How long on average do patients keep NG in situ following commencement of ON? (3) Who is the main decision maker regarding NG removal? (4) How likely is a patient to meet their dietary target on the first review after NG removal, based on the decision maker? (5) Do particular SLT recommendations influence the likelihood of a patient meeting their dietary targets? (6) Does type of EN influence likelihood of patient meeting their overall nutrition targets?

Results After oral intake was commenced, only those receiving supplementary EN achieved nutritional targets immediately. Conversely, no patient who had their NG removed at this stage achieved these targets. Following NG removal, the likelihood of a patient meeting nutritional targets was influenced strongly by the decision maker, supporting the practice of RD led cessation of NG feeding. These findings led us to develop an 'NG Transition Feeding Protocol (TFP)' to serve as a simple, clear pathway which treating teams can utilise to guide NG feeding decisions.

Conclusions NG feeding supports neurosurgical patients to meet nutritional requirements in the early stages following commencement of oral intake. The development of an 'NG Transition Feeding Protocol' can help to improve consistency of transition feeding on neurosurgical wards, allowing adequate time for formal nutrition assessment to support

informed decisions around NG removal. This model may improve the efficiency of transition feeding, improve dietetic workload efficiency, nursing staff confidence and avoid compromising nutritional status of patients due to early cessation of EN.

Acknowledgements We would like to acknowledge the Nutrition Education Policy in Healthcare Practice (NEPHELP) secondary care group for their consultation on this project.

Health systems; practical implementation

18

FINDING THE PLACE FOR NUTRITION IN HEALTHCARE EDUCATION AND PRACTICE

^{1,2}Elaine Macaninch, ^{1,2}Kathy Martyn, ^{2,3}Luke Buckner, ³Wanja Nyaga, ^{2,4}Celia Laur, ^{2,5}Breanna Lepre, ²Ebiambu Agwara, ²Sumantra Ray. ¹Brighton and Sussex Medical School, UK; ²NNEdPro Global Institute for Food, Nutrition and Health, Cambridge, UK; ³Royal Berkshire Hospital, UK; ⁴Women's College Hospital, Canada; ⁵University of Wollongong, Australia

10.1136/bmjnph-2023-nnedprosummit2022.21

Background Malnutrition continues to impact healthcare outcomes, quality of life and costs to healthcare systems. Implementing nutritional care requires knowledge and skills which dietitians are trained for, however due to their limited numbers they rely on other healthcare professionals to recognise, initiate treatment, and subsequently refer where necessary. This paper describes an iterative development and implementation of nutrition medical education resources for doctors and healthcare professionals in England through a project called Nutrition Education Policy for Healthcare Practice.

Method The interdisciplinary teaching team consisted of medical doctors, a registered dietitian, associate and registered nutritionists, a registered nurse, academic and education professionals. A two-stage process based on action research methodology was employed to develop and implement workshops. An initial pilot followed by 6 workshops reached 169 participants and delivered 13.5 hours of nutrition teaching. The workshops were evaluated using a combination of tools one designed by the NNEdPro team, others provided by the host organisations where the workshops were delivered. Further informal feedback during, and after, each road show was captured.

Results Formal feedback on the workshops using the workshop evaluation tools was limited. A key finding from workshop delivery included lower attendance for voluntary workshops compared to mandatory workshops. Better reception of workshops which were delivered by doctors known to the participants and included local issues, and increased difficulty in organising interdisciplinary education due to low priority given to nutrition, and uncertainty of the professional roles in the delivery of nutrition care.

Conclusion Although this project allowed successful development of resources for nutrition training of doctors and was successfully delivered and adapted, there was no clear "place" for this training in current healthcare teaching. One proposed way to change this is to demonstrate interprofessional roles through relevant clinical scenarios, aiming to align existing roles and workplace expectations as part of MDT, thus supporting dietitians in tackling malnutrition as a healthcare workforce.