

Home enteral nutritional therapy: experience of continuing education**Terapia nutricional enteral domiciliar: experiência de educação permanente****Terapia nutricional enteral en el hogar: experiencia de educación permanente****Received: 10/07/2020****Approved: 12/04/2021****Published: 14/10/2021****Jordana Moreira Almeida¹****Fernanda Carolina Camargo²****Alana Fernandes Ribeiro³**

This is a descriptive qualitative experience report, carried out in 2018, in a general, public and teaching hospital, with health professional. It aimed to evaluate an educational intervention about care in home enteral nutrition therapy. A 200-minute hermeneutic-dialectical workshop was developed, led by: constitution of the conducting group; mobilization of the interest group and development of the work in the workshop itself. Theatrical expressions, discussions were included, in addition to the construction of themes for the development of educational technology (video) on hospital discharge guidelines. Fourteen health professionals experienced in the management of enteral tubes participated: three nurses, nine nutritionists, a physician and a pharmacist. In the evaluation of the activity, the following stood out: *Discussion and multidisciplinary view on the topic* (20.8%), *Collective constructions with other professionals* (16.7%), *Knowing and problematizing reality* (10.4%) and *Communication between professionals* (8.3%). The experience proved to be important in the possibility of reviewing the practice and ways to apply and qualified discussion regarding the discharge of patients with enteral tubes in home enteral nutrition therapy, as well as possibilities for the construction of a video.

Descriptors: Enteral nutrition; Patient discharge; Focus groups.

Este é um relato de experiência qualitativo descritivo, realizado em 2018, em hospital geral, público e de ensino, com profissionais da saúde, com o objetivo de avaliar uma intervenção educativa acerca do cuidado em terapia de nutrição enteral domiciliar. Desenvolveu-se uma oficina de trabalho orientada por intervenção hermenêutica-dialética em 200 minutos, conduzida por: constituição do grupo condutor; mobilização do grupo de interesse e desenvolvimento do trabalho na oficina em si. Foram incluídas expressões teatrais, discussões, além da construção de temas para a elaboração da tecnologia educativa (vídeo) sobre orientações da alta hospitalar. Participaram 14 profissionais de saúde experientes no manejo de sonda enteral: três enfermeiros, nove nutricionistas, um médico e uma farmacêutica. Na avaliação da atividade destacou-se: *Discussão e visão multiprofissional sobre o tema* (20,8%), *Construções coletivas com outros profissionais* (16,7%), *Conhecer e problematizar a realidade* (10,4%) e *Comunicação entre profissionais* (8,3%). A experiência mostrou-se importante na possibilidade de revisão da prática e de caminhos para a aplicação e discussão qualificada quanto à alta de pacientes com sonda enteral em terapia de nutrição enteral domiciliar, e também possibilidades da construção de um vídeo.

Descritores: Nutrição enteral; Alta do paciente; Grupos focais.

Este es un relato de experiencia cualitativo descriptivo, realizado en 2018, en un hospital general, público y de enseñanza, con profesionales de la salud, con el objetivo de avalar una intervención educativa acerca del cuidado en la terapia de nutrición enteral en el hogar. Se desarrolló un taller guiado por la intervención hermenéutico-dialéctica en 200 minutos, realizado por: constitución del grupo condutor; movilización del grupo de interés y desarrollo del trabajo en el propio taller. Se incluyeron expresiones teatrales, discusiones, además de la construcción de temas para la elaboración de la tecnología educativa (video) sobre las orientaciones del alta hospitalaria. Participaron 14 profesionales de salud con experiencia en el manejo de sondas enterales: tres enfermeros, nueve nutricionistas, un médico y una farmacéutica. La evaluación de la actividad destacó: *Discusión y visión multiprofesional sobre el tema* (20,8%), *Construcciones colectivas con otros profesionales* (16,7%), *Conocer y problematizar la realidad* (10,4%) y *Comunicación entre profesionales* (8,3%). La experiencia demostró ser importante en la posibilidad de revisar la práctica y los caminos para la aplicación y la discusión calificada con respecto al alta de los pacientes con sonda enteral en la terapia de nutrición enteral en el hogar, y también las posibilidades para la construcción de un video.

Descriptores: Nutrición enteral; Alta del paciente; Grupos focales.

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INTRODUCTION

Enteral nutrition is a therapy indicated for individuals with swallowing problems, who may have total or partial difficulty in eating. It consists of the administration of artisanal or industrialized diets through tubes or ostomies in the gastrointestinal tract¹.

Home Enteral Nutritional Therapy (HENT) demonstrates cost-effectiveness due to reducing the risk of infection by avoiding prolonged hospital stays and improving nutritional status. In addition, the home environment allows for care aimed at humanization and allows for coexistence with the family².

Hospital discharge guidelines have been poorly understood in relation to the preparation and management of ENT care at home³. As for caregivers and family members, they have difficulties in handling this in terms of hygiene and volume of administration. Those who produce artisanal diets, on the other hand, have doubts about their correct preparation³. Thus, it is essential that, at the time of hospital discharge, the guidelines are clearly conveyed so that those responsible for patient care in the home environment do not present difficulties during this care⁴.

It is estimated that about 460 patients per million population in the US and 40 patients per million population in Spain are dependent on HENT⁵. In Canada, adverse event rates in HENT per user/year were found to be 10.1%, with 56% being preventable events. The lack of qualified guidance resulted in 48.4% of preventable events, demonstrating that it is essential to adopt strategies that ensure safe home care⁵.

Coming home can be rewarding, but it can also result in stress and anxiety. The family needs to adjust to the new condition, the impact of the chronic disease associated with the fear of hospital readmissions. Therefore, training for home care should start at the hospital or health service and continue at home. The guidelines must be clear, objective and appropriate to the level of education of family members. Interventions should be multiprofessional, to better qualify family members, both for care in handling the formula and for problem solving, reducing the stress experienced by family members⁶.

Currently, educational technologies in health provide advances in terms of care, which can be fundamental to simplify the understanding of certain events, facilitating changes⁷.

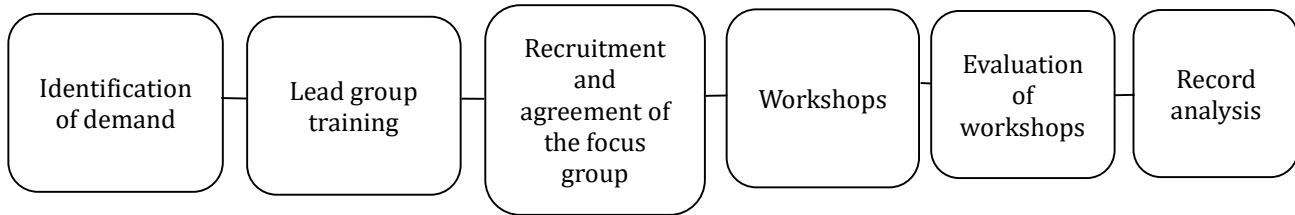
HENT has increasingly shown the need to train health teams so that they can provide support to family members and caregivers of people undergoing this therapy. Educational objects and media resources have been presented as relevant strategies in this process⁸.

Brazilian public teaching hospitals have the mission of promoting the teaching-research binomial and are environments for the development, evaluation and propagation of innovations and technologies, as well as for the elaboration and validation of educational videos⁹. Thus, the present study aimed to evaluate an educational intervention about care in home enteral nutrition therapy.

METHODS

This is a qualitative-descriptive study to evaluate an intervention carried out in a large general public teaching hospital (332 beds) – a macro-regional reference of high healthcare complexity in the Triângulo Sul region of the state of Minas Gerais (MG). The development of the intervention proposal and its evaluation were guided by the experience reported by Caramargo et al.^{8,11}, which presents, in detail, a workshop proposal¹⁰ guided by a hermeneutic-dialectic intervention^{8,10} to disseminate innovations.

This workshop is developed through phases: thematic approach – composing the conceptual recognition and skills needed by individuals and the hospital organization on the subject in question; practical problematization – identifying barriers and contextualized diagnoses on the subject in question; building of feasibility; identifying potential for implementation on the subject in question⁸. The entire process was divided into six steps (Figure 1).

Figure 1. Stages of study development. Uberaba-MG, 2018.

The workshop's leading group, responsible for its organization, was composed by workers of the sector responsible for advising on the development of research in the teaching hospital, which was the study setting. This group was intended to plan and mediate the workshop, and it consisted of: two nurses from the hospital with experience in group mediation, a professor, two postgraduate nutritionists and multiprofessional residents, and four undergraduate students, all linked to the university related to the teaching hospital.

The conducting group was trained to guide conducts and concepts by its faculty members and by nurses with experience in the subject, and among its participants, the roles of coordinators, facilitators and observers of the workshop were divided. Previous systematic meetings were held in order to plan intervention techniques, evaluate the process and readjust directions.

The focus group formed a first list of workers to participate in the workshop, consisting of a nutrology physician, a pharmacist, 6 clinical nurses and 9 nutritionists. Each participant was contacted personally to find the appropriate dates for the development of the workshop.

Those who presented managerial-assistance impossibility or who were unable to leave the sector on the day of the activity were excluded. The choice of the number of participants in the focus group is due to an approach already made in the study setting - teaching hospital in the Triângulo Sul health macro-region - and those who frequently addressed enteral probe and nutrition in adults and elderly in their practices. A 200-minute workshop took place, with a 20-minute break in August 2018.

The guidelines were: *What is the evaluation of an intervention to develop an educational technology on guidelines for the care of people in home enteral nutrition, from the perspective of the participants? Also, What themes do these participants consider relevant to include in an educational video in support of HENT?* The evaluation of the workshop carried out by the focus group was based on the answers to the triggering questions: *"What did I like most during the meeting?" "What was the most important thing I learned during the meeting?" "What would I change on the meeting?"*¹⁰.

The analysis of each answer was synthesized into a meaning nucleus. The analysis of the records took place at the end of the workshop, by means of a joint reading between the observers. A single textual record was created to portray the apprehension of the group as a whole and not the isolated speech of the participants. The textual record elaborated followed the structure of content analysis proposed by Minayo and Gualhano¹¹ - seeking to identify, in addition to semantic structures, the interactions they presented with the context of sociological structures of message production. In this sense, excerpts from the textual records of the learnings of the focus group were transcribed in full, in order to guide the preparation of the script.

All assessments were transcribed in excerpts and organized into meaning cores. The analytical procedure started with the organization of a database in Excel®. Quantitative variables were presented by measures of central tendency and dispersion (mean and standard deviation), analyzed using the Statistical Package for Social Sciences (SPSS) software, version 21.0. The sense nuclei were analyzed by absolute and relative frequencies (Chart 1).

As for the ethical aspect, CNS resolution 466/2012 was respected, and this research was approved by the Research Ethics Committee of the Universidade Federal do Triângulo Mineiro, in 2018, under Opinion No. 2.703.137, CAAE: 88192918.3.0000.5154. Participants were informed about all the details of the research and signed the Informed Consent Form.

RESULTS

The approach consisted of shared learning through motivational group activity and explored data related to the experience of the group in the face of situations raised about guidelines for care in HENT after hospital discharge.

As for the participants of the intervention proposal - focus group - local leaders who work with discharge guidance in enteral nutrition therapy were identified, with one year or more of experience in the hospital. They made a total of 14 health professionals: three nurses, nine nutritionists, a nutrology physician and a pharmacist, with a mean age of 36.8 years ($sd \pm 13.8$ years), minimum age of 23 years and maximum age of 64 years. Most were women (92.9%), self-declared white (64.3%) and in a stable relationship (50%).

The average working time of professionals in the hospital was 11 years ($sd \pm 12.4$ years), with a minimum time of experience of six months and a maximum time of 37 years. Regarding the highest degree completed by the participants, 50% were only graduates, 28.6% had a *stricto sensu* postgraduate degree (one with a PhD and the others with a master's degree) and 21.4% had a *lato sensu* postgraduate degree (residence or specialization). Chart 1 presents the techniques used to disseminate the theme during the workshop.

Chart 1. Workshops according to details, techniques undertaken and goals achieved for guidance on HENT at hospital discharge. Uberaba, Minas Gerais, 2018.

Activities	Methods	Facilitating strategies
Introduction	Welcome, delivery of materials and linking of activities	Show lead group. Deliver materials and documents to be signed. Reinforce the importance of the participation of the interest group and its permanence until the end of the workshop.
Warm-up	Icebreaker dynamic: "Living scripts"	Guide each participant to choose a colleague to introduce themselves to. After 5 minutes of conversation, ask each pair to introduce their colleague to the group in a short and creative way.
Development stage 1	Staging: "How does the patient's discharge guidance happen in the hospital experience"?	Ask the interest group for five volunteers (one from each profession). Explain to them that they will have to organize and act out how the discharge guidance is given to caregivers/relatives of patients using nasogastric tubes in the hospital. This guidance should encompass the work of all health professionals present.
Development stage 2	Discussion group: problematizing reflection on the scene	"What difficulties were observed during patient orientation using a nasogastric tube at hospital discharge, according to the scene seen?" score these difficulties.
Development stage 3	Staging: "Reconstructing the scene under a multidisciplinary approach"	After the discussion promoted, ask the interest group to redo the previous scene, but with a new look, focusing on the essential contents in the discharge guidance for the caregiver/family member of the patient using a nasogastric tube at home.
Development stage 4	Problem-solving discussion: "What exists and what is possible?"	Promote discussion about what is feasible to implement to optimize this event and facilitate the understanding of the information passed on to the patient/caregiver.
Development stage 5	Dialogue exhibition: "Learning to build a script"	Taking into account the discussions, participants were instructed to create a script with the contents they deem important for the construction of an educational video that supports caregivers of patients using nasogastric tubes.
Ending	"What did we create today"?	After a few minutes of relaxation, ask them to spontaneously express their views on the day's experience and what was created.

Evaluation	Evaluation of participants (individual) and evaluation of the executing team (in group)	Apply an individual assessment to the entire interest group. At the end of the workshop, gather the executing team and apply the team's evaluation form.
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Participants were asked about what they considered to be important content to compose a future educational video that addressed discharge guidelines for patients on the use of tubes for enteral nutrition therapy. The analysis of the records took place at the end of the workshop, through a joint reading by the conducting group.

The following themes were suggested by the focus group to compose the elaboration of an educational technology on guidelines for the care of people in HENT: definition, purpose, indications of HENT; cleaning the place for preparing the diet; hand hygiene; utensils needed to prepare the diet; foods for a homemade diet; reinforcement of the ideal consistency of homemade diet; verification of the conditions of industrialized diet; correct storage; care with the administration of diet; washing the tube with filtered water before and after meals; instructions on how to connect diet; schedules of diet prescriptions; avoid wasting diet; remove air from equipment; patient positioning; cleaning of post-infusion materials; location and fixation of the probe; administration of medication through the probe; ways of acquiring the diet; main complications and what to do; where to look for help in the health service.

Table 1 brings the nuclei of meaning through the triggering questions of semi-structured scripts.

Table 1. Meaning cores according to workshop participants. Uberaba, Minas Gerais, 2018.

Motivational Factors	(No.)*	%
Discussion and multidisciplinary vision on the topic	10	20.8
Colective construction with other professionals	8	16.7
Knowing and problematizing professionals	5	10.4
Communication among professionals	4	8.3
Appreciation of opinions and freedom to express ideas	3	6.3
Appreciation of professionals	3	6.3
Multiprofessional and interprofessional care for the patient	3	6.3
More meetings for discussion	3	6.3
Fluidity and relaxation in conduction	3	6.3
Exchange of experiences	2	4.2
Qualification of discharge guidelines	2	4.2
Light technology as power	1	2.1
Presence of managers at the workshop	1	2.1

* The same professional may have more than one answer

The opening of a space for discussion and enhancement of the multidisciplinary view on the subject stood out in the assessment carried out by the focus group. The joint interaction of these specialists with different backgrounds made it possible to integrate, harmonize and complement the knowledge and skills of all members of the workshop.

DISCUSSION

The workshop reveals the potential to promote ethical and political exercise, as, at the same time that material for analysis is generated, a space for symbolic exchanges is created that enhance a group discussion regarding the proposed theme, generating constructive conflicts with views to political engagement for transformation. The effects of the workshop are not limited to recording information for research, as they sensitize people to the theme being worked on, enabling its participants to live with the multiplicity of versions and meanings on the topic¹¹.

As for the techniques used, in the focus group, the generation of discussions and intersubjective exchanges was observed, revealing a wide variety of potential interactions in a

collaborative and motivating work on the topic. Hospital discharge is a challenge for the hospital in question, and the moment of the workshop provided the focus group with the possibility of experiencing a technique that generates stimuli that can result in improvement in the daily work of professionals.

The teaching-service integration, the insertion of students, and the approximation of professors and educators in real care scenarios, in addition to adding theoretical knowledge, supported the production of knowledge capable of enabling solutions in practical scenarios. However, challenges permeate the teaching-service integration, such as: construction of interdisciplinarity, organization of health services, definition of shared know-how between academia and services, and even the presentation of health policies⁹.

The suggestions presented for educational actions in health at hospital discharge, aimed at making the subjects autonomous in their care process, given that most complications with home enteral nutrition can be avoided through guidance to the responsible caregiver².

The results learned in the workshop allowed us to understand variables of the social system, especially the hospital setting, regarding the need for change and incorporation of innovations. This fact can favor the development of educational videos that are closer to the demands of the context, which better support the guidelines for hospital discharge of adults and elderly people in survey and enteral nutrition.

The group interaction presented an implicit device in the constitution of its operationalization, allowing the production of the achieved results, which in turn are also contextualized productions, conditioned to the personal and intersubjective aspects of those involved in the focus group. Also, there was unanimity that the results of the workshop were presented and discussed with the hospital's senior management to support adjustments to the practice.

CONCLUSION

The workshop provided an impact on the motivational dimension and proved to be a method that facilitates the approach to the topic, in addition to contributing to the identification of the need for improvements in clinical practice and creation of feasibility for dissemination in the hospital context.

The development of the workshop became a space for the apprehension of essential knowledge, attitudes and practices that can contribute to the development of an educational technology guide to assist the techniques used in the guidelines at the time of hospital discharge for people in HENT. However, it is necessary to monitor the group undergoing this intervention regarding the acquisition of skills and overcoming barriers in clinical practice.

This work is limited by its application in a single institution, as well as a single meeting. In turn, the experience proved to be important in the possibility of reviewing the practice and ways to apply the HENT, such as making a video.

Gaps in national production were also highlighted regarding initiatives for the implementation of moments of reflection in the hospital environment with professionals involved in HENT. The experience lived through the workshop also identified the need for other moments that value the qualified discussion regarding the quality of the discharge of patients with HENT probe.

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CONTRIBUTIONS

Jordana Moreira Almeida participated in the design, collection and analysis of data, writing and reviewing. **Fernanda Carolina Camargo** collaborated in the design, collection and analysis of data and writing. **Alana Fernandes Ribeiro** contributed to the design, writing and reviewing.

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