



# TRAY TALK: Increasing RN meal pattern discussions for people with diabetes

*Dana E. Brackney, PhD, RN; Thea Nunez, MSN, RN; Melinda Bogardus, PhD, RN*

*Appalachian State University; Beaver College of Health Sciences; Department of Nursing*

## Introduction

Registered Nurses (RNs) frequently care for hospitalized patients with type 2 diabetes (PWD) and, unfortunately, hospital policy often limits a Diabetes Care and Education Specialist (DCES) or Registered Dietician (RD) consultation to those newly diagnosed or with an A1C greater than 9%. Hospitalization is often a stimulus for PWD to evaluate their self-management, and RNs regularly observe PWD making poor dietary choices for many reasons including a lack of understanding of how food choice impacts their blood glucose.

## Problem

In our experience, RNs rarely address dietary strategies to support diabetes self-management despite having frequent interactions with hospitalized patients. RNs report a limited knowledge of type 2 diabetes dietary strategies and therefore are uncomfortable with instructing their patients. This is a missed opportunity to reinforce meal pattern education and behavior change for PWD.

## Method (Case Example)

Tray Talk provided discussion prompts to increase RN persistence when facing perceived barriers to patient education. Tray Talk happens whenever a menu or meal tray is in the PWD's room and an RN asks a PWD which food on the menu or their tray has the most impact on their blood glucose or how the food on their tray is similar to or different from that on the plate method. The following Tray Talk questions were suggested for RNs to elicit patient dietary education.

## Tray Talk

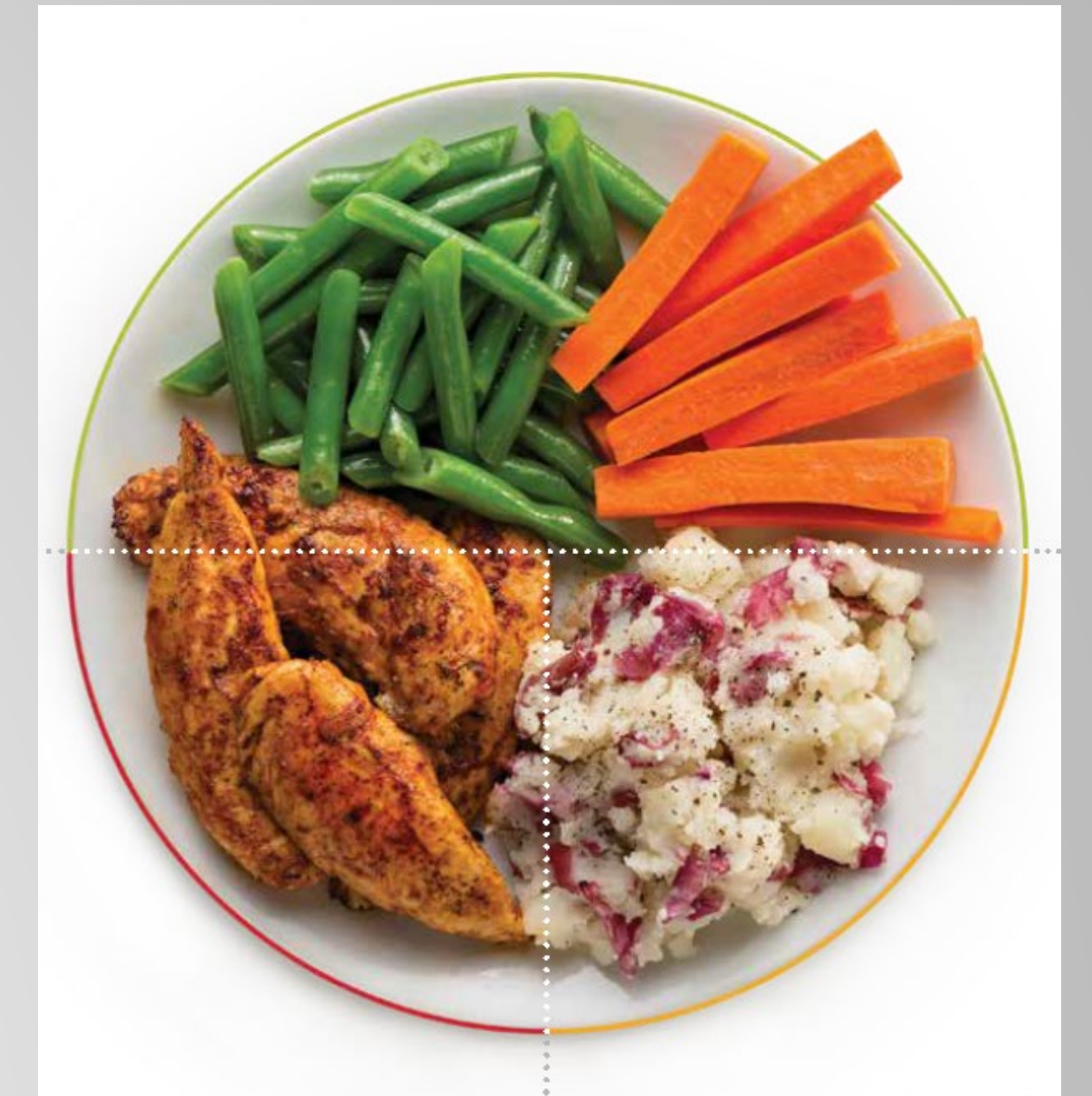
Conversations with a meal plate visible:

“From these options, what items might you order that would make a healthy balanced plate that you would enjoy?”

“Which food(s) are \_\_\_\_\_ (carbohydrates, fats, or proteins)?”

“Which food(s) will have the most effect on your blood sugar?”

“What might be some other food options that would have less impact on your blood sugar?”



## The Educational intervention

After brief online dietary instruction, RNs were asked, “How do you plan to teach these diet strategies to patients who have Type 2 diabetes? Please include the specific methods, strategies, or times throughout your day that you can implement this education.” Participants were then able to brainstorm some key teaching strategies and envision their use with patients, including using moments such as ordering meals, administration of insulin, or anytime meal trays are visible. The module provided these RNs with rationale to prioritize education as well as ideas to implement strategies such as Tray Talk. In addition, RNs had an opportunity to create their own plan for integration of this patient education into their work day.

## Conclusions

Recommendations for the DCES

- 1) Acknowledge that RNs have had limited dietary education and are working in a challenging environment with competing priorities.
- 2) Expand your diabetes care and education team with the RN.
- 3) Provide RNs with brief, flexible, frequent, and practical dietary education online.
- 4) Focus RN education on simple patient engagement strategies, such as Tray Talk, that RNs can easily integrate into their day-to-day practice.

## Link to the RN Education Module

Password: Thea2022



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## References