

Type 2 Diabetes Education Programmes – Focusing on Patients’ Perceptions

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Introduction

- The prevalence of Type 2 Diabetes Mellitus was 2.3 million in 2013. Forecasts indicate that 3 people will be diagnosed every 10 minutes by 2025.
- A recent report by Diabetes UK states just one in ten newly diagnosed people were recorded as being offered an education programme, and 2011/12 records show fewer than one in thirty attended a course in the UK (2.9%) [2].
- Research suggests that quality diabetes education can only be justly effective when; it is delivered by trained educators, a patient can gain access to it, understand it and sustain some life-long changes [1].
- Revisions in Podiatry health services have reduced to those deemed ‘At Risk’ only. Most of these patients have Type 2 Diabetes.

Aims & Objectives

- This research sought to understand the efficacy of Type II diabetes education programmes from the patients’ personal experience and following a critical appraisal of existing literature in the field.
- We aimed to investigate if Type II diabetes education is consistent and understood by all patients.
- We aimed to explore the value of educational programmes in patient management and further consider the ownership of health care practitioners (HCPs) in providing diabetes education.

Method

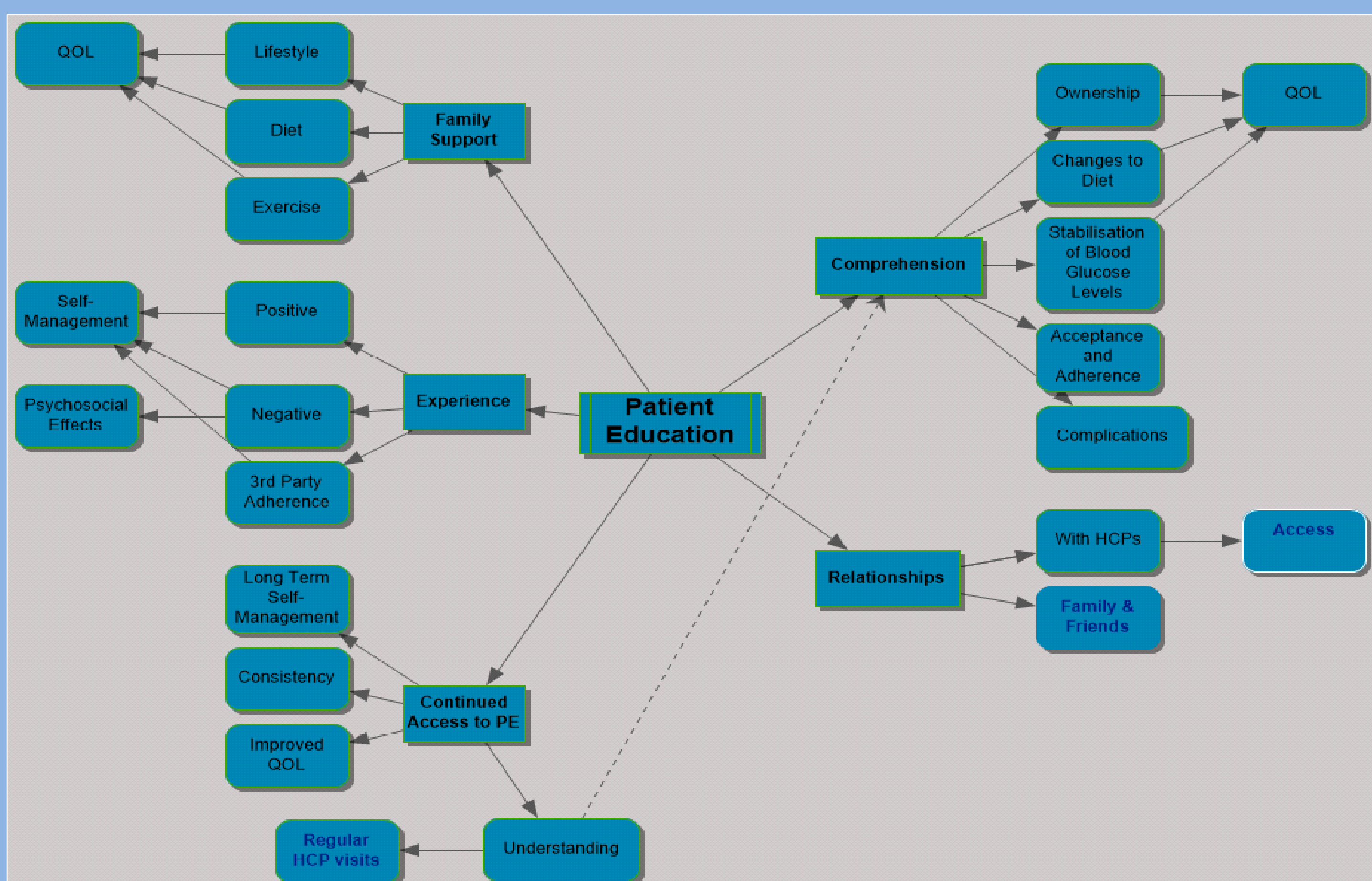
A focus group was formed using a random sample of consenting Podiatry patients from the Northampton School of Podiatry. All patients had a diagnosis of Type 2 Diabetes and had attended an educational programme within the last 12 years. The researcher initiated discussion with questions to the group and a one hour discussion was transcribed. The University of Northampton School of Health ethics committee approved the research.

Inclusion Criteria	Exclusion criteria
<ul style="list-style-type: none"> • Attend the UNPC • A diagnosis of T2DM • English speaking • Attended an education programme • Willing to be open and honest in a group to share their experience • Must have completed a consent form 	<ul style="list-style-type: none"> • Anyone not a patient of UNPC • Patients without a diagnosis of T2DM • Non-English speakers • Patients without a signed consent form • Anyone feeling unwell • Anyone without previous diabetic education

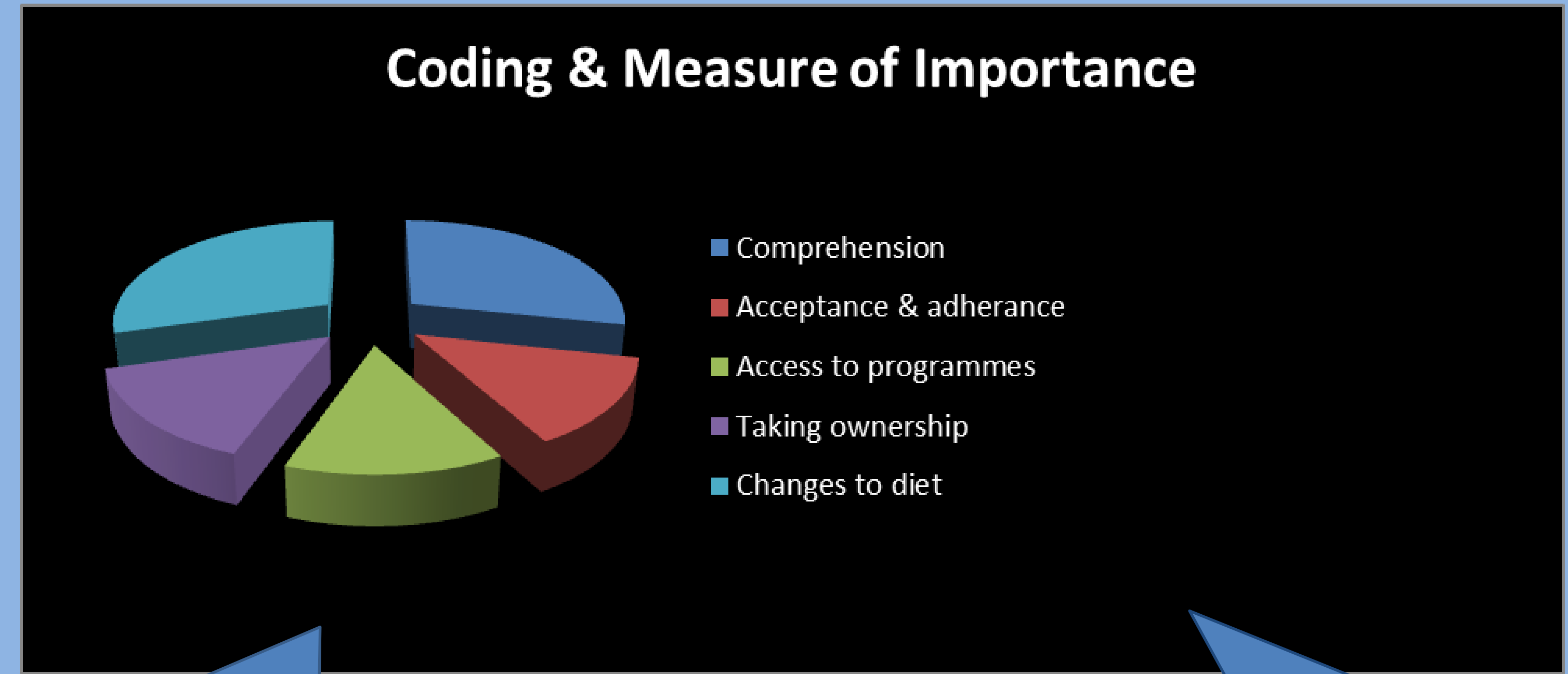
Using Nvivo 10 software, thematic analysis was employed to review the transcribed data in relation to; quality of data, recurrence of themes and their significance compared to the existing evidence base.

Results

Nvivo Thematic Analysis - Qualitative data driven coding:



The primary outcome measure was comprehension. Positive and negative perceptions were defined into subthemes to measure specific outcomes.



- “I found definite help after the education from the Podiatrist here you know the advice they give me is very good”
- “yes because I’m dyslexic, I did find it very hard, I did tell her but they just said ‘go along with it you’ll be alright’ and that was it”
- “well I’ve had a kidney transplant going back oh 24 years now since I was diagnosed but whether it’s got anything connected with my diabetes I don’t know I really don’t know and I’m on different tablets but I don’t know why”
- “how they choose who goes on it and who doesn’t I mean what that criteria is I haven’t got a clue. I think it’s unfair that you’re not given a choice”
- “just really determined to find out I’ll ask questions I won’t shut up I will get answers to the questions I want”
- “I often find that you have to go and research that yourself at the end of the day because nobody’s going to knock on your door and ask how you’re doing nobody asks so you’ve got to do a fair bit of self managing but it’s a case of where is that information available from”
- “well from the first time I was diagnosed I quickly got an appointment with the Dietician and we had about a 1 hour chat and it really confirmed everything that I was doing”

Conclusion & Implications for Professional Practice

- Structured education should be offered to every person and/or their carer at and around the time of diagnosis, with annual reinforcement and review [3].
- Although participants gave hints of understanding the complications of diabetes, this area needs to be reinforced to ensure patients make positive behavioural change towards their lifestyle, including retinal checks and foot screening.
- Although this research does not fully represent the T2DM population it is anticipated that it will bring awareness, and alert HCPs in this field to vital further research into the effectiveness of PE in T2DM.
- This study has served as a useful pilot study and compared existing literature with the presenting qualitative evidence, however a wider study is recommended to further investigate patient trends in a larger population.
- HCPs involved in caring for diabetic patients must ensure patient education forms part of a treatment plan. We all must ensure, as professionals, that we constantly question our practice.
- PE may be efficacious because of adherence but this may not generate comprehension. This means although adhering, patients may still have heightened levels of anxiety.
- Due to the complexity of T2DM there may be a requirement for a complex intervention to ensure the ‘definitive active ingredients’ inform EPs.
- Podiatrists have a requisite contribution to the Diabetic patient including the foot screening process and footwear advice.

“...the Podiatrists seem to take more interest in me than the surgery where I had my education or few minutes chat”

References & Acknowledgements

- [1] Carey, M., and Doherty, Y. (2012) Supporting successful self-management in diabetes. *Diabetes & Primary Care*. 14 (5), 297-305.
- [2] Diabetes U.K. (2012) *Managing your Diabetes* [online]. Available from: www.diabetes.org.uk/Guide-to-diabetes/Managing-your-diabetes
- [3] NICE: *Diabetes Pathway: Managing Type 2 Diabetes* (2014), [online]. London: National Institute of Health and Care Excellence. Available from: www.pathways.nice.org.uk/diabetes/managing-type-2-diabetes.PDF