

Changing professionals' beliefs, transforming patients' lives: quality development for Educators in the DESMOND self-management programme in Type 2 diabetes

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Aims:

To establish a quality development framework enabling effective evaluation of educator behaviour as part of the DESMOND Type 2 diabetes self management education programme.

Materials and methods:

Quality assurance, assessment and ongoing support for educators need to be objective to effectively assess if the programme is being delivered as intended.¹ In the DESMOND programme, this was achieved by developing and testing two tools:

- **DOS** – an observation sheet using performance indicators derived from the curriculum to measure content and learning objectives (**Content Score**), and whether delivery is congruent with the underpinning philosophy (**Process Score**).
- **DOT** – a measure of patient health care professional interaction and non-didactic delivery.

Results:

To date, 95 DESMOND Educators have been assessed using the Quality Development Tool. As well as providing information on an individual Educator basis, the group data can be used both to identify areas of the curriculum that may need development as well as to monitor the overall performance of an educator team.

Figure 1 shows the percentage of Educators meeting the required DOS Content and Process scores for the various sessions of the curriculum. This enables sessions to be identified where either the curriculum or the Educator training may need development.

Conclusion:

Our objective measures show that educators can be successfully supported to change their behaviour to adopt a more interactive and non-didactic approach as facilitators. It has confirmed that behaviour change requires ongoing support not just initial training. Our quality development framework has provided DESMOND Educators with ongoing personal development through active goal setting. It has also informed iterative development of our Educator training programme. These simple but effective measures are potentially transferable to other education programmes in diabetes and a range of long term conditions.

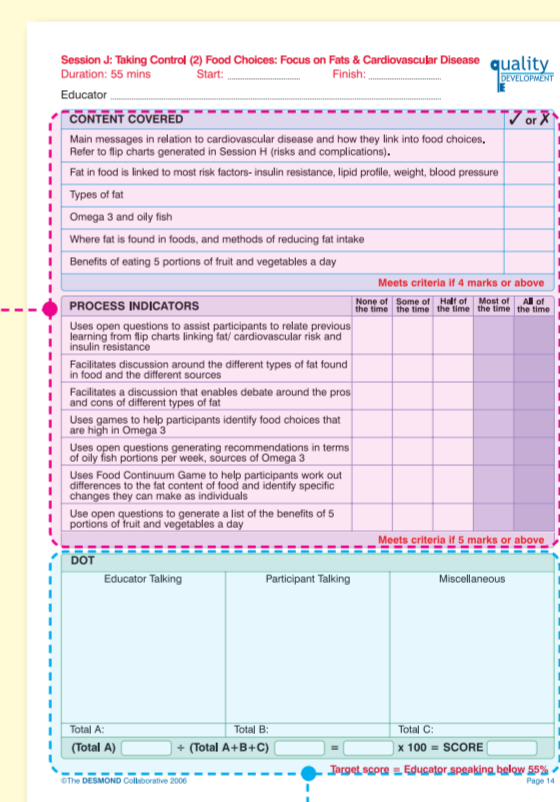
¹T. C. Skinner, M. E. Carey, S. Cradock, H. M. Dallosso, H. Daly, M. J. Davies, Y. Doherty, S. Heller, K. Khunti, L. Oliver 'Educator talk' and patient change: some insights from the DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) randomised controlled trial. Diabetic Medicine 2008; 25: 1117 - 1120

What makes the QD programme unique?

- Training and quality development directly reflects the theoretical basis and philosophy of the patient programme
- Incorporates ongoing professional development with objective assessment (educator behaviours and interaction)
- Develops reflective practitioners
- Skills acquisition impacts on wider clinical practice and overall cost effectiveness
- Participant experience influences the iterative process of programme development

The Tools

DOS
The DOS has been developed from the core content and goals of the patient programme curriculum and details the educator behaviours to be demonstrated and observed. The DOS is also used as part of personal and peer reflection to prepare educators for external assessments. These two tools are already showing the Training Team in what areas they need to support educators to develop their skills, and will directly inform the next element of the Quality Development Programme, regional educator training days.



DOT
The DOT is a simple measure of who is doing most of the talking (patients vs. educators) and was developed as a measure of patient engagement in the programme and a check against educators falling into the habit of lecturing instead of facilitating. To establish initial benchmarks for each section of the programme, a sample of initial programmes were monitored and a level (%) agreed by the training team as a minimum standard.

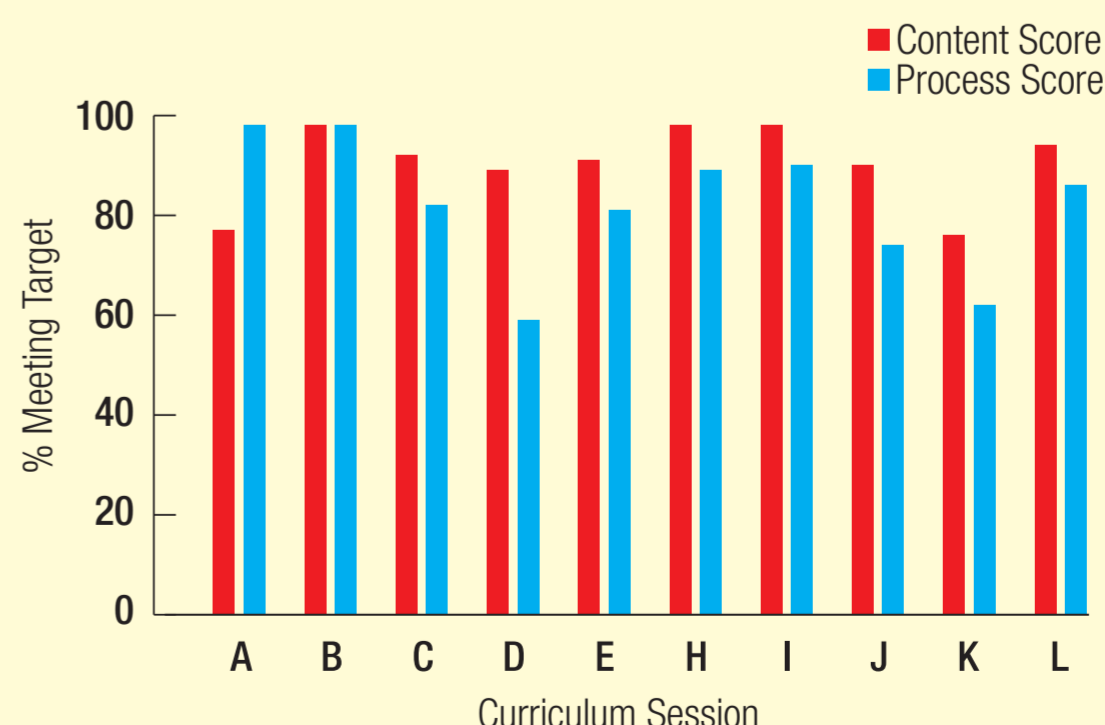


Figure 1: Percentage of educators meeting the target DOS Content and Process Scores for the 10 curriculum sessions (n=95 Educators)