

An eLearning to upskill health professionals in providing support for diabetes distress

Jennifer Halliday

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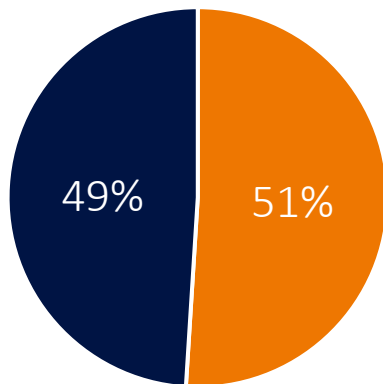


Routine assessment for diabetes-related emotional problems is not commonplace

DAWN²
DIABETES ATTITUDES WISHES & NEEDS

Survey: n=4785 health professionals (17 countries)

Assess how diabetes affects peoples' lives



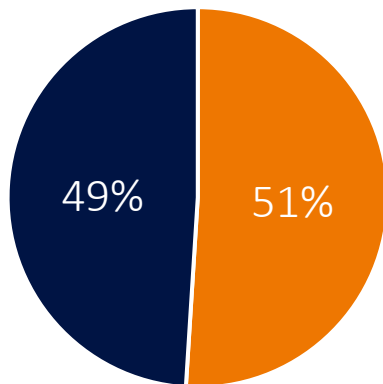
■ No ■ Yes

Routine assessment for diabetes-related emotional problems is not commonplace... and lack of training is a contributor

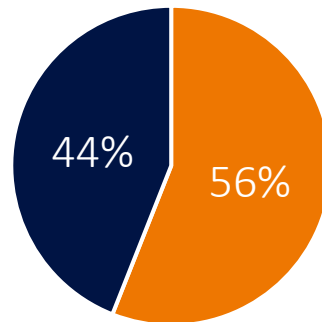
DAWN²
DIABETES ATTITUDES WISHES & NEEDS

Survey: n=4785 health professionals (17 countries)

Assess how diabetes affects peoples' lives



Need more training in providing psychological care



■ No ■ Yes

... without training CDEs lack confidence to screen for, and talk about, diabetes distress

“I had absolutely no confidence that even if I did it [PAID], I'd know how to interpret it or what to do with it ... it was like opening Pandora's Box. I was just too scared ...”¹
- CDE

1: Unpublished findings related to Halliday et al. (2021) Translational Behavioral Medicine. 11(6):1264-73

Diabetes distress eLearning for health professionals: About the development

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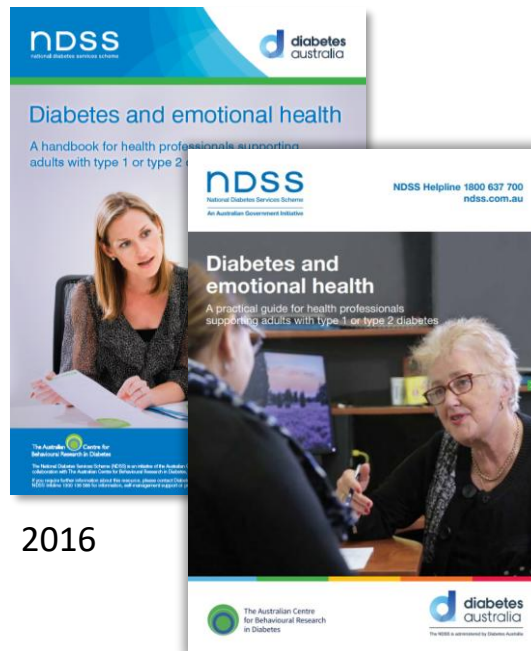


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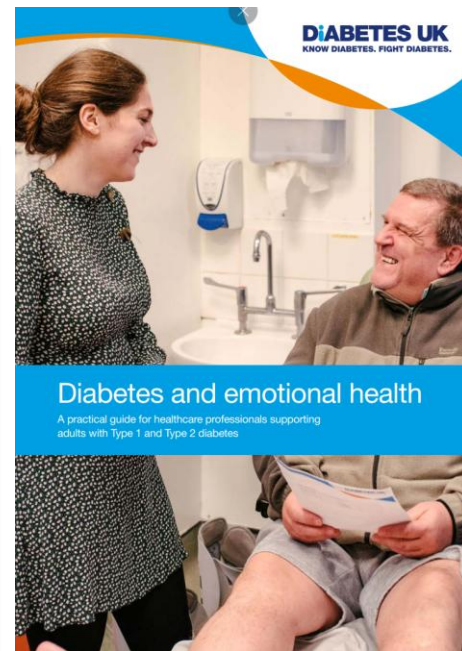
Diabetes and Emotional Health practical guide ('the Guide')

- Practical guide for health professionals,
- How to *identify* and *provide support* for diabetes specific and general emotional problems,
- Topics: communication skills, diabetes distress, fear of hypoglycaemia, depression, anxiety etc.



2016

2020



2019

Developing 'the Guide'

JMIR FORMATIVE RESEARCH

Halliday et al

Original Paper

The Diabetes and Emotional Health Handbook and Toolkit for Health Professionals Supporting Adults With Type 1 and Type 2 Diabetes: Formative Evaluation

Jennifer A Halliday^{1,2}, BHealthSciences (Hons); Jane Speight^{1,2,3}, PhD; Andrea Bennet^{1,2}, PhD; Linda J Beeny^{4,5}, PhD; Christel Hendrieckx^{1,2}, PhD

* health professionals and people with diabetes

** academics, health professionals, people with diabetes

Literature reviews

Draft content and layout:

- planning (team workshops)
- **stakeholder consultations (N=7*)**
- writing, revising, more writing

Stakeholder review of draft chapters (N=38: 5 per chapter**); subsequent revisions

Diabetes Australia advisory body review (all chapters); subsequent revisions

Health professional interviews (N=19; 1+ chapters)

Finalise, publish, disseminate

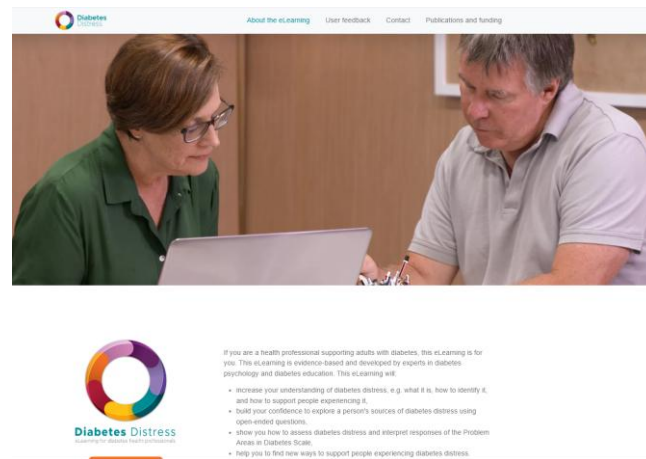
What next?

Based evaluation interviews for 'the Guide':

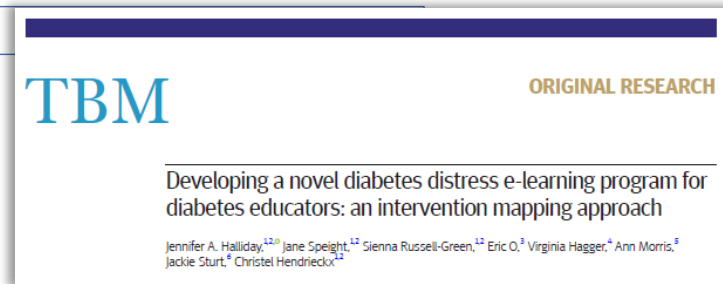
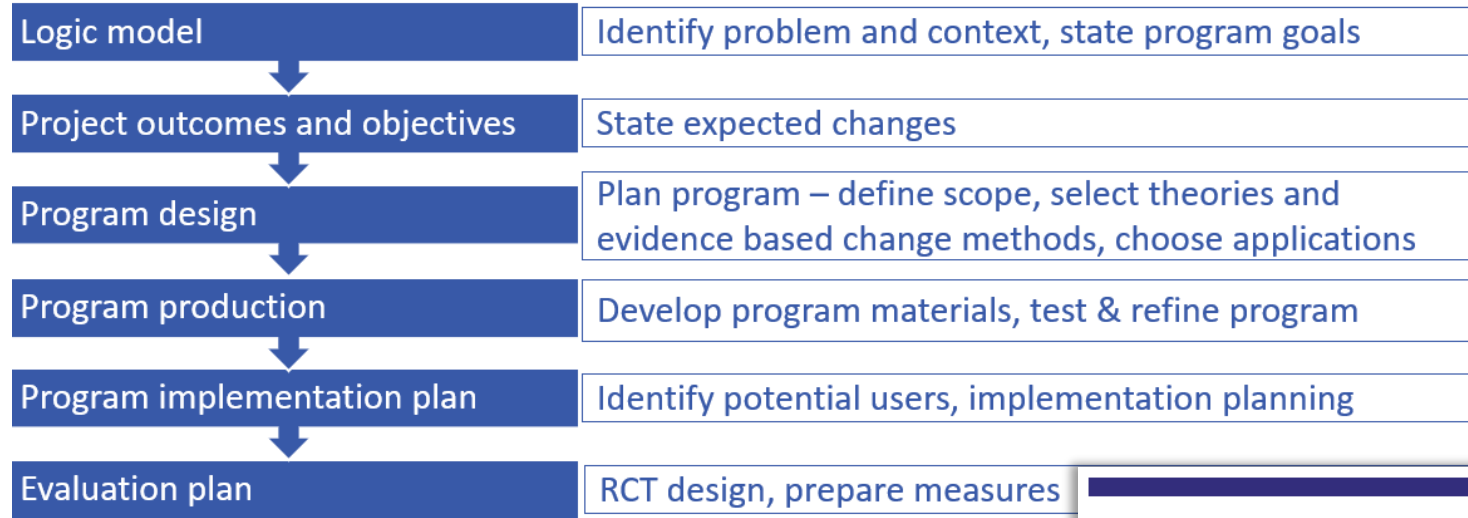
- The Guide is a valuable resource, but complementary training needed.

Diabetes distress eLearning needed

- Builds on diabetes distress chapter of 'The Guide'.
- Interactive activities, case studies, videos etc.
- Evidence-based behaviour change techniques e.g.:
 - social-cognitive theory (e.g. modelling),
 - motivational interviewing (e.g. change talk),
 - action planning.



Developing the Diabetes Distress eLearning for health professionals: Intervention mapping



Diabetes distress eLearning for health professionals: About the content

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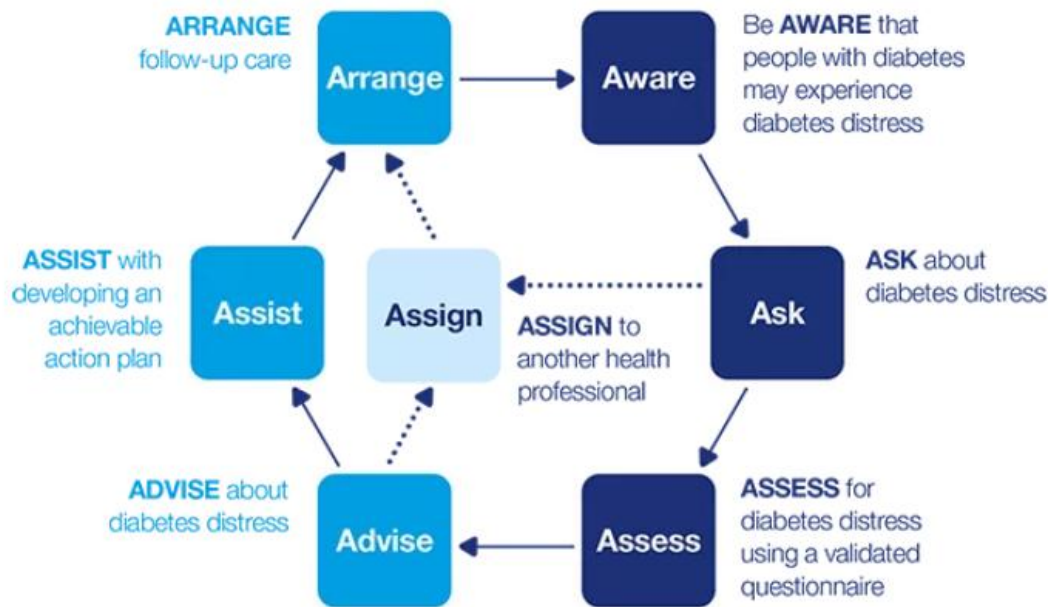


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7 A's model for identifying and addressing diabetes distress

Apply the model flexibly as part of a person-centred approach to care.



Hi Jennifer Halliday, welcome to the Diabetes Distress eLearning for Diabetes Health Professionals.

About the e-Learning

Some tips to help you navigate the e-Learning

[VIEW](#)

1: AWARE

Be AWARE that people with diabetes may experience diabetes distress

[VIEW](#)

2: ASK

ASK about diabetes distress

[VIEW](#)

3: ASSESS

ASSESS for diabetes distress using a validated questionnaire

[VIEW](#)

4: ADVISE

ADVISE about diabetes distress

[VIEW](#)

5: ASSIST

ASSIST with diabetes distress

[VIEW](#)

6: ASSIGN

ASSIGN to another health professional

[VIEW](#)

7: ARRANGE

ARRANGE follow-up care

[VIEW](#)

- 7 modules: 7A's model,
- Self-guided: Complete in one or multiple sessions,
- Completion time: About 7 hours.

Theoretical underpinnings of the eLearning

- Social cognitive theory (e.g. social persuasion, modelling)

ASSIGN: Slide 11

To sum up...

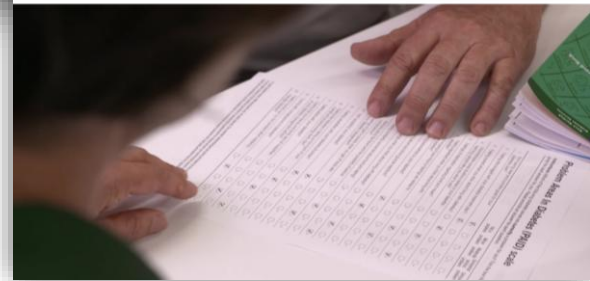


Click to reveal each of the summary points for this module

- In most cases, a diabetes health professional is best placed to **ASSIST** with diabetes distress
- If you do not feel comfortable or equipped to **ASSIST** with the person's specific problems, **ASSIGN**



ADVISE: Video 4.1



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victoria



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Theoretical underpinnings of the eLearning

- Social cognitive theory (e.g. social persuasion, modelling)
- Motivational interviewing (e.g. change talk)

Thinking about what you learned during this training...

a) ... what changes will you make to your clinical practice?

Theoretical underpinnings of the eLearning

- Social cognitive theory (e.g. social persuasion, modelling)
- Motivational interviewing (e.g. change talk)
- Action planning

Based on what you learned in this module, what is one easy change to your practice you could try at your next consultation?



Diabetes distress eLearning for health professionals: Evaluation findings

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Evaluating the eLearning

Quantitative findings:

Halliday et al. BMC Medical Education (2022) 22:768
<https://doi.org/10.1186/s12909-022-03821-w>

BMC Medical Education

RESEARCH

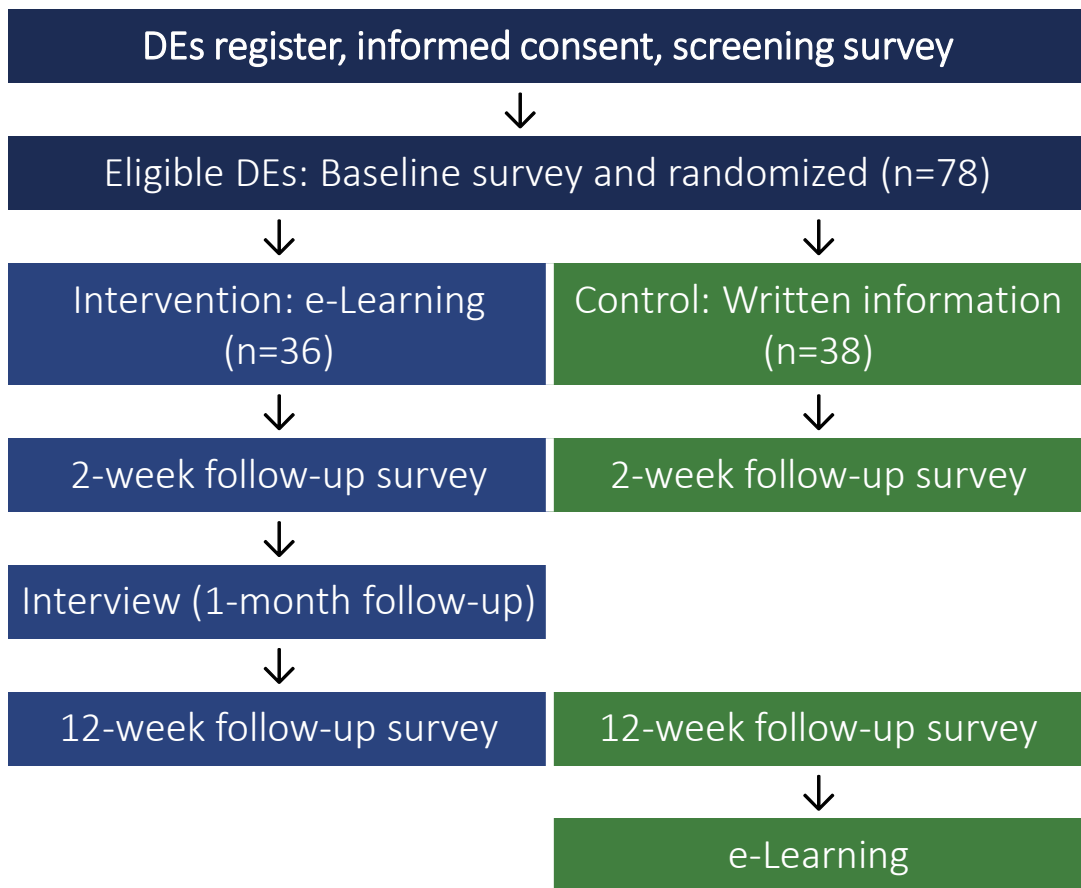
Open Access



Feasibility and acceptability of e-learning to upskill diabetes educators in supporting people experiencing diabetes distress: a pilot randomised controlled trial

Jennifer A. Halliday^{1,2,3*}, Sienna Russell-Green^{1,2}, Virginia Hagger^{3,4}, Eric O⁵, Ann Morris⁶, Jackie Sturt⁷, Jane Speight^{1,2,3} and Christel Hendrieckx^{1,2,3}

Qualitative findings: Unpublished

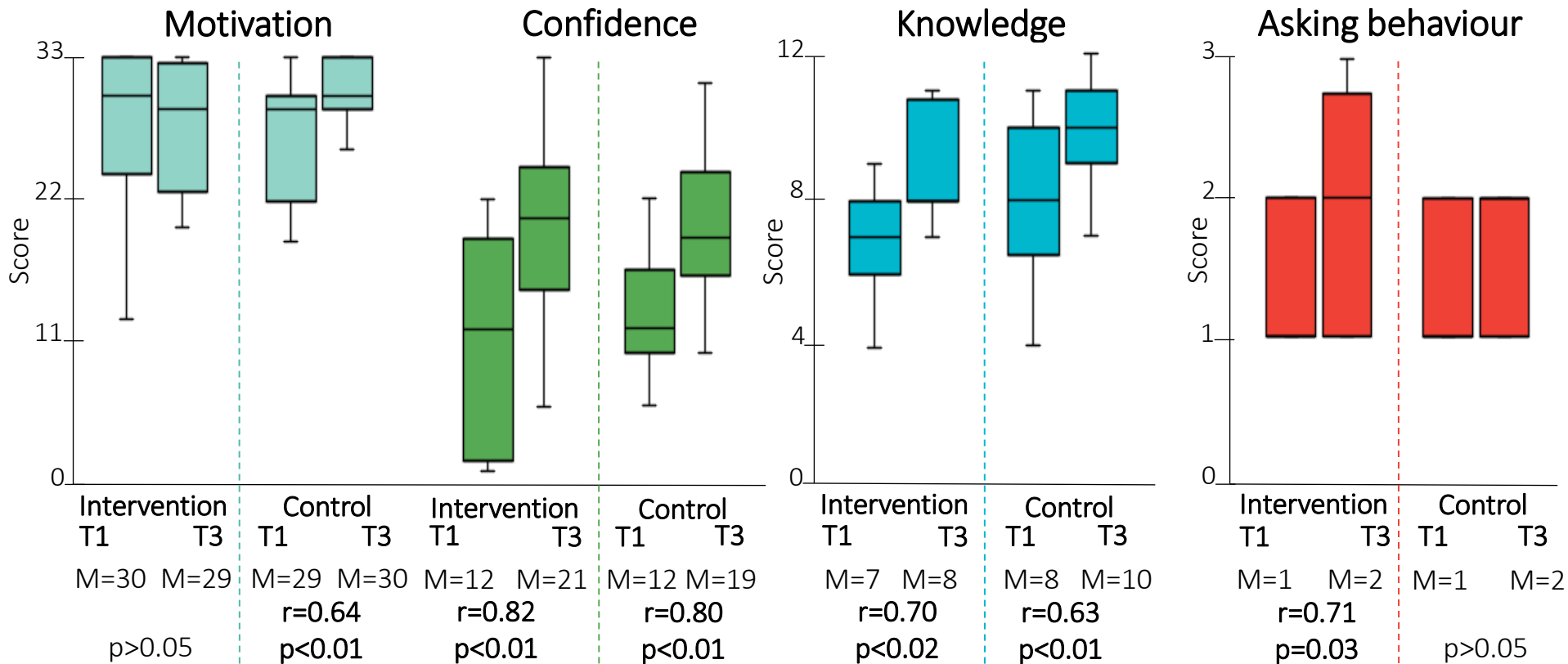


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It's possible to boost knowledge & confidence through training



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What do diabetes educators say about the eLearning?

“Gives me the confidence just to listen to the patient rather than say, ‘Right we have to refer you on.’”

“It went through all the PAID scale and it showed you how to check it, it went through a case study, and you could add up by yourself so you practice how to do that, and then you could just have a look at the scale and see how different areas apply to different things ... I feel like I know the scale a lot better than I did before. And, I liked that it did that step-by-step.”

“I think it’s because of the videos, you saw it. And, we’re not videoed in practice... It just reinforced that it’s so important to listen and to not go by your agenda; to 100 percent do the patient’s agenda.”

“This [eLearning] made you think to go that little step further and really start to question some things which you may not have done [previously]. So, for example , I said, ‘Have you seen a counsellor?’ If he’d said, ‘No. I didn’t get anything out of it,’ I probably would have carried onto another topic, but [now] I actually wanted to really go into it, tried to resolve that side of things for them.”

Acknowledgements

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eLearning study participants

Contributors to the Diabetes and Emotional Health practical guide, including the authors, reviewers, funders, interview participants, and those who have supported international adaptation.

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