



Diabetic footsteps: Patient education tool

Facilitator information/ Curriculum

CONTENTS

	Page No
Acknowledgments	2
Introduction	3
Philosophy	3
Aims	4
Learning outcomes	4
Background	4
Supporting information	6
References	7
Example participant evaluation form	8
Example participant podiatry questionnaire	10
Example peer evaluation form	11

Acknowledgements

This resource has been supported by the Scottish Diabetes Foot Action Group with acknowledgement to Angela Green, NHS Fife Podiatry Department for developing this Diabetic footsteps: patient education resource, April 2013

Introduction

The Diabetic Footsteps education discussion tool comprises a facilitators information document, Diabetic footsteps fairground poster, education support manual, card prompts, example participant evaluation (Appendix 1), example of training outcomes evaluation (Appendix 2) and a facilitator peer review document (Appendix 3).

It is suggested that national patient foot risk leaflets, smoking cessation and physical activity leaflets and 'My Diabetes My Way' information as well as local podiatry contact details are taken to the group sessions to support discussion. Attached, or locally devised, participant evaluation forms should be completed by the group at the end of each session so that the course can be evaluated and improved so that it is responsive to participant requirements.

Diabetic footsteps is designed to provide patients with information regarding the effects of diabetes on the lower limb to support them in self management and give them the knowledge to seek advice when required. The tool can be adapted for health professionals education sessions to provide information to support in the footcare of people with diabetes.

Philosophy

People with diabetes are living with a long term condition which will result in their health care needs changing over time. For this reason people with diabetes require the knowledge to understand their condition and the skills to carry out their own foot care as well as understanding when to attend podiatry for support to prevent, detect and treat any foot problems that may occur.

'Diabetic footsteps' training will be carried out in small groups with facilitated discussion and information tailored to support the personal learning requirements and goals of the patients. The session will consider the diversity of the participants and learning will be based around the groups personal experiences and build upon existing knowledge.

People will have the information to understand the importance of daily foot care as an integral part of their diabetes self management.

Aims

- To consider and implement adult learning theories in order to support people with diabetes in the processing and understanding of information and knowledge to enable them to care for their own and/or others feet effectively
- To build upon the existing knowledge of the participants of the group and encourage the sharing of information with each other to be better informed regarding the importance of personal foot care in diabetes and how and when to seek podiatric support

Learning outcomes

Participants will, via participation in small group discussion sessions, utilise 'Diabetic footsteps' to learn from each other and the facilitator to be able to:

- Utilise the information learned to aid in self care and/or provide effective personal foot care to others
- To understand the effect of diabetes on the feet and be aware of the risk factors
- Describe the key elements involved in personal footcare
- Discuss the role of the podiatrist and when to make referral / request for help

Background

Historically and as a result of beliefs learned during professional education, patient education delivery has been very didactic in style whereby the professional imparts the knowledge he has to the patient and considers that the patient should take on board the information provided and do what is required to self care. When the person does not follow the recommendations the professional is often left feeling frustrated (Anderson and Funnell, 2004).

Adult learning principals needs to be considered and theories applied as part of any adult education programme. Adults learn by seeing, hearing, acting and speaking. People will utilise each of these components to varying degrees depending upon their individual learning style.

Adult learners have their own goals and must see a reason for learning something new. Motivation may be driven by a desire to learn for personal advancement, general interest or for social reasons.

Adults are influenced by what they already know and personal life experiences (health beliefs), these beliefs are however not always accurate or up to date. Health behaviour change is about having conversations about behaviour change with people (Motivational interviewing) in a gentle way that has been found to be effective in eliciting change across a wide spectrum of health behaviours. Change occurs when your patients are considering doing something different in the interests of their health. The overall spirit of motivational interviewing is about guiding the patient in a way that has been described as *collaborative, evocative and honoring patient autonomy* (Rollnick et al, 2008).

The Social learning theory, sometimes known as self-efficacy ‘focuses on individuals’ perceptions of their ability to enact behaviours and follow through on action plans’ (Skinner *et al*, 2003). Group discussion facilitates self-efficacy by verbally encouraging health behaviour changes no matter how small.

The conversation theory described by Gordon Pask in the 1970s considered that learning occurs through conversation serves to make knowledge explicit. Discussion in small groups supports this theory by the teacher (facilitator) providing an explanation of the subject matter to facilitate understanding which allows the participants the opportunity to build upon their existing knowledge and share it with others. The conversation theory formalises concepts such as agreement, understanding and consciousness.

A systematic review of diabetic foot education (Iheoma, 2012) confirmed that researched evidence shows that education which is tailored to meet the individual patient’s needs will result in better management, increased sense of wellbeing and thus improved quality of life.

‘Diabetic footsteps’ encompasses a range of adult learning theories to encourage and support health behaviour change.

Ideally facilitators will have attended 'Conversation Map' training, delivered by Healthy Interactions (www.healthyinteractions.com), or other relevant training session as an introduction to the underpinning style of small group discussion and facilitation theories which encourage discussion to facilitate health behaviour change. 'Diabetic footsteps' is a useful foot health education adjunct to any existing 'Conversation map' training which may be being delivered locally.

Peer review with reflective dialogue and implementing the peer review tool (Appendix 3) attached is carried out to encourage personal appraisal, development and skills improvement.

Supporting information

www.cqc.org.uk

www.nhs.uk/conditions/consent-to-treatment/pages/introduction.aspx

www.cdc.gov/homeandrecreationsafety/falls/adultfalls

www.ageuk.org.uk/

www.itcas.org.uk

www.diabetes.org.uk/Guide-to-diabetes/Introduction-to-diabetes/

www.mydiabetesmyway.org.uk

<http://www.diabetesframe.org/>

References

Anderson R.M. and Funnell M.M (2004) **Patient empowerment: reflections on the challenge of fostering the adoption of a new paradigm.** Patient Education and Counselling 57 (2005) pp153-157

Iheoma J.A. (2012) **Exploring the impact of structured foot health education on the rate of lower extremity amputation in adults with type 2 diabetes. A systematic review.** Podiatry Now 15 (6) pp20-27

Wikipedia Conversation Theory accessed August 2012
http://en.wikipedia.org/wiki/conversation_theory

Rollnick S. et al (2008) **Motivational Interviewing in Health Care: Helping Patients Change Behaviour Part 1.** Guilford Publications

Skinner T.C. et al (2003) **Four Theories and a Philosophy: Self-Management Education for Newly Diagnosed With Type 2 Diabetes.** Diabetes Spectrum 16 (2) pp75- 88

The information and content of 'Diabetic footsteps' is in keeping with recommendations as described in Assessment of Patient Education in Diabetes in Scotland, (APEDS) (2012), compiled by Joan McDowell (Joan.Mcdowell@nes.scot.nhs.uk), which provides an outline of criteria required for packages of education to be recognised as 'structured education'

Diabetic footsteps participant evaluation

To help us identify and improve the education sessions we would be grateful if you could complete this short questionnaire before you leave today.

Should you require help to complete this form please do not hesitate to ask. A member of staff will be happy to assist you. Thank you.

1. Did you enjoy the Diabetic footsteps session?

Yes No

If you answered **no** please comment

2. Was the content of the programme what you expected?

Yes No

If you answered **no** please comment

3. How confident are you in looking after your feet and/or the footcare of others?

Not confident

Quite confident

Very confident

4. What have you learned from today?

Please comment

5. In what way has what you have learned made a difference?

Please comment

6. Do you know where you can contact a podiatrist should you or the person you care for experience any foot health problems?

Yes

No

If you answered **no** please comment

7. Please provide any suggestions you feel may improve the session

Please comment

8. Are there any other aspects of foot health you would like to discuss further e.g. footwear, neuropathy

Yes

No

If you answered **yes** please comment

Thank you for taking the time to complete this questionnaire. Your views are valuable to us.



Diabetes Education Session Podiatry Questionnaire

Should you require help to complete this form please do not hesitate to ask.

A member of staff will be happy to assist you.

Thank you.

1. Why is it important for you to care for your feet?

Please comment

2. Where would you go if you had a problem with your feet?

Please comment

3. What do you think you should do to look after your feet?

Please comment



**Diabetic Footsteps session
Peer review tool**

Name: _____ Peer reviewer
Title of session:
Venue:
Date of session:
Session duration: Planned: _____ Actual:
Aims of session:
Number of participants:

Use of audiovisual aids/ handouts etc used:	Specific points requested for feedback by educator before start of session:
---	---

Reflective response and learning plan (agreed and completed at end)

Date of feedback:

Signature of reviewee:

.....

Signature of reviewer:

.....

Section 1- Overview	Comments
Introduction to session	
Learning outcomes of session (may be described as 'intentions')	
Structure and planning of session	
Content	
Reinforcement/summary	

Section 2- teaching materials	Comments
Use of AV aids	
Handout materials	

Section 3- Delivery	Comments
Explanation/clarification (uses examples, cases)	
Pace – steady/ variable	
Handling questions	
Verbal communication	
Non-verbal communication	
Educator’s manner	
Facilitates participation	
Manages unforeseen problems	