Mentorship - Support for Diabetes Educators in Their Own Workplace

Aim

The mentorship program was developed to build the knowledge, skill and judgment of new CDE staff to manage more complex diabetes patients.

Objectives

- To enhance the skill level of entry level diabetes educators to care for more complex patients within the community program
- To support community programs in initiating and titrating insulin on people with diabetes
- To create sustainable qualified diabetes educators for complex care

Process

- Diabetes Education Program (DEP) managers identified staff seeking or needing support and mentoring.
- Mentor was scheduled to participate with the educator during a teaching session.
- Individual educator needs were identified on the initial mentoring session.
- The number of sessions per staff member was based on their experience, knowledge, skill-set and willingness to continue.
- Confidentiality agreements were signed between the mentor and organization prior to participating with patients.



Conclusion

This program has made a positive impact on the quality of diabetes care being provided to patients. It creates a sustainable system, by building on the knowledge of educators already in the system. Having an open agenda is essential for the success of this program. The skill-set of the mentor is also essential for delivering this program, including extensive knowledge of diabetes, adult learning principles, motivational interviewing skills and the "art" of providing constructive criticism.

This program was developed through an unrestricted educational grant from Novo Nordisk Canada Inc.⁺ Due to the success of the program, funding has been secured through the Ontario MOHLTC to continue to offer this program.

A B E T E S

Stand ^{up} to Diabetes

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Approach

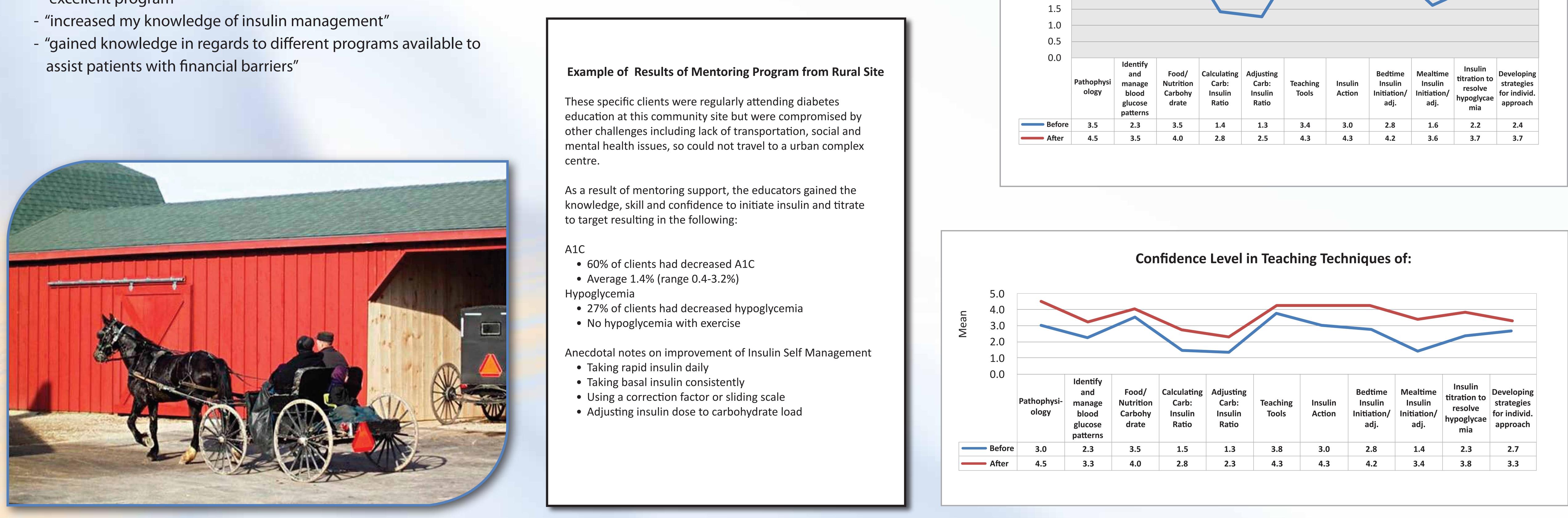
- An open agenda approach was used reflecting adult learning principles, assessment of readiness to learn, principles of motivational interviewing, and empowerment, which mirrors the concepts of diabetes education.
- The educator interacted with the client in the teaching session, with the backup of the mentor.
- At the end of the session, reflection was done by both the educator and mentor
- The mentor evaluated the counselling event focusing on developing motivational counselling skills, increasing the educators knowledge of diabetes related topics, offering ideas of alternate teaching strategies and most of all identifying the positive knowledge and skills the educator is already using in the session, thus promoting confidence in the "art" of counseling.

Results

Over the 9 months of the program a total of 18 staff from 8 different programs participated. 14 evaluations were distributed following the mentorship, with 64% response rate.

- 86% of respondents evaluated the mentoring program as "excellent".
- 86% of respondents rated the presentation structure, learning format and clarity of content as very good and excellent.
- Improvement in knowledge/ability and confidence was observed across all learning objectives.
- Comments included:
 - "much improved and built my confidence in a very positive way"
 - "excellent program"

 - assist patients with financial barriers"





To assess the effectiveness of the mentoring program, a self-administered questionnaire was used. Indicators for assessing outcomes (knowledge and confidence) of mentoring program were measured by using a Likert scale of 1 to 5 at the level of individual program objectives.

Waterloo-Wellington Diabetes Regional Coordination Centre



