

Mentoring Program to Support Primary Care in Managing Diabetes

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A mentoring program was developed by the Waterloo-Wellington Diabetes Regional Coordination Centre (RCC), hosted by Langs in Cambridge, to build the knowledge, skill and judgment of new diabetes educators and primary care staff in the region to manage more complex diabetes patients in the community.

With the increasing prevalence of diabetes, and the importance of earlier intervention with insulin for type 2 diabetes, community diabetes programs and primary care providers are expected to manage and support more complex diabetes cases. Fortunately, in the past few years, the Ontario Ministry of Health and Long Term Care (MOHLTC) have provided funding to support diabetes educators (nurse and dietitian) in community health centres (CHCs) and family health teams (FHTs) and as a result, many new diabetes educators have been hired. Many have been offered appropriate education, but have not had the opportunity to develop their knowledge and confidence gained from experience, as they often do not have exposure to endocrinologists or experienced staff.

Objectives

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

Program

An experienced certified diabetes educator (CDE) was hired as a mentor/best practice facilitator, and visits the various community practices in the region of Waterloo Wellington to support clinicians or diabetes educators in the community setting. Rather than developing a specific agenda for the mentoring, it was decided to start the mentoring with an open agenda, focusing on the needs of each individual educator. The number of sessions per staff member is based on their knowledge, confidence, skill-set and willingness to continue. This approach reflects adult learning principles, assessment of readiness to learn, principles of motivational interviewing, and empowerment. This approach also mirrors the concepts of diabetes education, which enhances and reinforces their learning through demonstration.

Confidentiality agreements were signed between the mentor and organization prior to participating with patients. Tracking sheets were developed for data collection as well as evaluation tools.

A typical session would have the mentor sit-in on an appointment with the client and educator. The educator interacts with the client in the usual assessment or teaching session, with the backup of the mentor for assistance if required. At the end of the session the educator does a self- reflection and identifies areas they would like to improve or topic areas they feel they need assistance. The mentor critiques the counseling event focusing on developing motivational counseling 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.

Topics

Over the sessions a few of the topics discussed included:

- how to effectively review blood glucose log books
- recognition of blood sugar patterns
- hypoglycemia in the elderly
- nocturnal hypoglycemia and required insulin adjustment
- insulin action profiles
- teaching techniques using alternative teaching tools
- use of open ended questioning in assessment

Results

Over the first 9 months of the program, a total of 18 staff from 8 different programs participated. A self-administered questionnaire for health care providers participating in the mentoring was used to assess outcomes of the mentoring program. Indicators of knowledge and confidence were measured by scores (from 1 to 5) for both pre and post mentoring experience. 14 evaluations were distributed with a 64% response rate. Clinical outcomes were also monitored.

- Overall, the majority of respondents (86%) 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 and confidence was observed across all learning objectives
- Similar patterns occurred with their confidence level, with an even greater gain in their assessment of self-management techniques
- 60% of clients had a decreased A1C (3 month average of blood sugar)
- 27% of clients had decreased hypoglycemia

Additional comments include:

- “I have attended conferences and understand it, but when I get back to my work environment, I lose my confidence—the mentoring has really helped me apply my new knowledge”
- “it really helps my confidence in what I do every day”.
- “all the ideas of teaching tools and different ways to teach the same topic is really helpful”.
- “Giving me an example of the way to pose the question to get the patient talking was really helpful”
- “It is extremely helpful to have someone from outside come in to provide mentoring. It allows me as an experienced staff member to continue a working relationship with my peers and open communication, and not be seen as constantly being the one to offer feedback or fill in the knowledge gaps”.
- “I didn’t know how to handle some of the questions the client asked. I learned a lot just from having the mentor provide the answers.”

Conclusion

This program has made a positive impact on the quality of diabetes care being provided to patients in the Waterloo Wellington region. It creates a sustainable system, by building on the knowledge of clinicians and educators already in the system. Having an open agenda is essential for the success of this program, including a mentor with extensive knowledge of diabetes, adult learning principles, motivational interviewing skills and the “art” of providing constructive criticism.