

Reinforcing Effective Diabetes Group Education in the Outpatient Setting

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Introduction

Diabetes continues to be a major health issue. In the US alone, there are 30 million patients affected with diabetes and about one in four of them are unaware. Up to 95% of all diabetic cases are Type 2 Diabetes Mellitus. People with diabetes are at a higher risk of complications such as kidney disease, heart disease, amputations, and eye complications. Through appropriate education and diabetes management, such as healthy eating habits, physical activity, and adherence to pharmacological therapy, patients can achieve improved outcomes and quality of life.



Methodology

In July 2015, the UAB Family Medicine Center began offering diabetes education groups to patients. The group includes resident physicians and pharmacy staff. Social work staff manage the group referrals ordered by Family Medicine Physicians. Each patient referred to a group is mailed an invitation letter. The letter includes the meeting time, location, and the assigned staff for the group. Patients receive a reminder 48 hours before class.

Results

Since 2015, 68% of patients referred to a diabetic group attended with a total of 132 encounters. Barriers identified for patients included introverted patients being overshadowed by extroverted patients during the group session. Other barriers included obstacles in attending the group session itself, such as transportation issues or other obligations (i.e. work).



Conclusion

Engagement for group attendance starts with effective communication. Effective communication is the ability of healthcare providers to clearly articulate the task or recommendation to be completed by the patient. Education in a group setting was pivotal for motivating patients and offering accountability.

The Class

Patients were educated in a group setting on multiple factors that influence their diabetes including healthy eating habits, physical activity, and T2DM pharmacotherapy. During the class, we used the plate method to interact with patients about how to improve their eating habits to ensure a well-balanced diet and proper carbohydrate consumption. We informed patients on physical activity goals to help reduce weight, maintain healthy glucose levels, and improve their overall health. This was achieved by reviewing the pathophysiology of diabetes, the complications of uncontrolled diabetes, symptoms of hyper- and hypoglycemia, and proper preventative measures (foot care, eye care, and remaining up to date on vaccines) with the class. All information was provided in patient-friendly terms to ensure complete understanding.

References

1. *Diabetes*. Center for Disease Control and Prevention. 6 Aug 2019. Retrieved from <https://cdc.gov/diabetes>
2. Mehl, A. (2019). *How to Communicate Effectively*. Retrieved from <https://thestoryexchange.org>
3. Triplitt CL, Repas T, Alvarez C. Diabetes Mellitus. In: Dipiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey LM, editors. *Pharmacotherapy: A pathophysiologic approach*. 10th ed. [AU Intranet; Access Pharmacy] New York: McGraw Hill Medical; c2017. [cited 2020 Jan 20] Chapter 74. Retrieved from: <https://accesspharmacy.mhmedical.com/content.aspx?bookid=1861§ionid=14606589>