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Disclosure to Participants
- Notice of Requirements For Successful Completion
  - Please refer to learning goals and objectives
  - Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours
- Conflict of Interest (COI) and Financial Relationship Disclosures:
  - Ardis Reed, MPH, RD, LD, CDE – No COI/Financial Relationship to disclose
- Non-Endorsement of Products:
  - Accredited status does not imply endorsement by AADE, ANCC, ACPE or CDR of any commercial products displayed in conjunction with this educational activity
- Off-Label Use:
  - Participants will be notified by speakers to any product used for a purpose other than for which it was approved by the Food and Drug Administration.

Objectives
- Discuss how adult learning techniques can improve class retention.
- Describe how motivational interviewing can improve behavioral actions.
- Identify new ways to establish action plans for people with diabetes

The Review
Your Program
Take an annual look at your program
• Look at your mission statements
• Look at your program goals
• Take a new look at your community.

Community Assessment
Is your program still reaching your target population?
➢ check with your grant writer
➢ check with your readmissions team
➢ check with your local health department

Retention
➢ What is your program’s retention rate?
➢ Are you cancelling classes because of poor attendance?
➢ Have you calculated this?
➢ Have you surveyed patient satisfaction?

Capacity
• Is your program meeting it’s capacity?
• Does your format still work?
• Let’s look at the iceberg of DSME

The Iceberg
Current ADA Standards of Medical Care recommend that people with newly diagnosed diabetes receive DSME/T within the first year of diagnosis. But a recent study shows we are falling short of meeting these educational needs.

• This recent report in the November 21, 2015 Morbidity and Mortality Weekly Report looked at DSME/T insurance claims records for newly diagnosed people with diabetes during the first year of diagnosis. (N=95,555)
Researchers found:
For those people with newly diagnosed diabetes between the ages of 18-64.
➢ Only 6.8% received DSME/T with private insurance.
➢ Only 4.0% received DSME/T with Medicare.

Age-adjusted percentage of adults ≥ 18yrs with diabetes ever having received DSME/T was 57.4% in 2010.
➢ Healthy People 2020 objective is to reach 62.5% for receiving formal diabetes education and training.

Health for Life: Texas DSME/T initiative
Salud por Vida: 2010-2012  N=11,607

| % of people enrolled who have never had a class | 51% - non-Medicare | 61% Medicare |
| Average time since diagnosis | 7.5 years – non-Medicare | 13.5 years - Medicare |

Health for Life: 2012-2014 N=6,292

| % of people enrolled who have never had a class | 60% among those who responded |
| Average time since diagnosis | 17 years |

Re-Vamp
• Teaching Style
• Adult Learning Techniques
• Motivational Interviewing
• Action Planning
Teaching Style
What style of teaching do you and your colleagues use?
- Didactic or participatory?
- Lecture or activities?
- Paper-based or do you use multi-media?

Comparison of DSME/S

Traditional Based
- Diabetes is a physical illness.
- Professional is viewed as the teacher and problem solver and responsible for outcomes.

Empowerment Based
- Diabetes is a bio psychosocial illness.
- Patient is viewed as problem solver and self-manager; professional acts as a resource and shares responsibility for outcomes.

Traditional Based
- Learning needs are identified by professional.
- Education is curriculum driven.
- Emotional issues are a separate component of the curriculum.
- Behavior changes are externally motivated.

Empowerment Based
- Problems and learning needs are identified by the patient.
- Education is patient-centered and consistent with adult learning principles.
- Emotional issues are integrated with clinical content.
- Behavioral changes are internally motivated.

Traditional Based
- Education is primarily didactic.
- Behavioral strategies are used to increase compliance with recommended treatment.
- Goal of education is compliance/adherence with recommendations.

Empowerment Based
- Patient experiences are used as learning opportunities for problem solving and serve as core of curriculum.
- Behavioral strategies are integrated with clinical content and taught to patients to help the behavior of their choosing.
- Goal is to enable patients to make informed choices.

Traditional Based
- Lack of goal attainment is viewed as a failure by both the patient and educator.
- Patient is relatively powerless, professional is powerful.

Empowerment Based
- Lack of goal attainment is viewed as feedback and used to modify goals and action plans.
- Patient and professional are equally powerful.

What is Empowerment?
- Empowerment is a patient-centered, collaborative approach tailored to match the fundamental realities of diabetes care.
- Patient empowerment is defined as helping patients discover and develop the inherent capacity to be responsible for one’s own life.


So how do we Empower Adults?

• Adult Learning Techniques
• Motivational Interviewing
• Creating Action Plans.

ADULT LEARNING IN UNDER THREE MINUTES

Principles of Adult Learning

1. Active Learning
2. Problem Centric
3. Previous Experience
4. Relevance

5. Emotional Connection
6. Self-Learning
7. Alignment
8. Fun

Adapted from writing by Malcolm Knowles

Participatory Education

• Uses a facilitator model
  – Facilitator creates environment that allows discovery
  – Participants learn through discussion and experience
  – Lessons are guided by needs of the group
• A horizontal relationship:
  – Facilitator = participants
  – Facilitator is a co-learner
• Group involvement for planning and action:
  – Facilitator and students set goals
• Acknowledges the community as the source of knowledge

What is Motivational Interviewing?

• Series of specific patient-centered behaviors directed at enhancing patient’s intrinsic motivation to change, guided by a philosophy of collaboration, evocation and autonomy. Or simply talking to people about change.

Ref: Rosengren, 2009
Is your client ready to make changes?

Stages of Change or Prochaska’s theory
• Pre-contemplation
• Contemplation
• Preparation
• Action
• Maintenance
• Relapse

If ready? How ready?

• Readiness Rulers:
  – Assess the level of importance, confidence and readiness to change
  – “On a scale of 1 to 10, how confident are you that you could make a change, if 1 represents no confidence at all, and 10 represents extreme confidence?”
  – “What makes you choose 3 instead of 7?” or
  – “What makes you choose 8 instead of 4?”
  – “What would it take for you to move from 3 to 5 or 6

Motivation and Change

• Making a behavioral change is hard and if someone is not ready they can become ambivalent and procrastinate and that action is often called resistance to change or non-compliant. It is NOT, it is just that the client is not ready for change.

Steps in Motivational Interviewing

• Spirit
• Skills
• Process

Spirit
• Develop a partnership with your client—this is a two-way relationship.
• Acceptance—meeting the client where they are and helping them make progress
• Compassion—we are all human
• Evocation—plan should come from client.

Skills
• Open-ended Questions
• Affirmation
• Reflection
• Summary Statement
Process

- **Engaging** not dis-engaging
  - Do not assess, tell, power over or label
- **Focus** – find a specific goal or priority
- **Evoke** - facilitate/listen for talk of change
- **Plan** - create a road map to make that change

How do you create a road map?

<table>
<thead>
<tr>
<th>SMART Goals</th>
<th>Client Oriented Dialogue - Client Road Map</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific</td>
<td>What am I going to do?</td>
</tr>
<tr>
<td>Measurable</td>
<td>How often will I do it?</td>
</tr>
<tr>
<td>Achievable</td>
<td>What is my confidence level to do this? (1-10)</td>
</tr>
<tr>
<td>Realistic</td>
<td>What support do I have?</td>
</tr>
<tr>
<td>Time bound</td>
<td>What time will I do it?</td>
</tr>
</tbody>
</table>

Walking Goal Example

- **What I am going to do?** __walk____
- **How often will I do it?** __3 times a week__
- **When will I do it?** __after dinner__
- **What time will I do it?** __6-6:30PM__
- **What support do I have?** __walking club__
- **What is my confidence level?** __7__

Re-Energize your Program

- Look within Yourself
  - Take time to review your skills and
  - Implement Adult Learning Techniques
  - Work on your Motivational Interviewing skills
  - Let your clients take the reins more
  - And HAVE FUN.

Let’s think out of the BOX

- OOB
And have some FUN!
Look at different ways to present information thru
- Demonstrations
- Activities
- Role playing
- New tools/toys

Sharing with colleagues
- The story of the swim noodle.

Audience Sharing
- Any great ideas you would like to share?

The Blood Recipe

The Demonstration
Monofilament
- How did this happen?

Puzzle me this?
- Let’s try this activity
Please Share some more

- TMF- develop a DSME activity recipe book
- Collect many out of the box ideas and share on our website for anyone to be able to download.
- You will get credit for your ideas.

Last words are…….

Follow Through

THE POTATO CHALLENGE
https://www.youtube.com/watch?v=PrWVqLzNywA

Q and A

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