



**Interreg**   
EUROPEAN UNION

**2 Seas Mers Zeeën**

**DWELL**

European Regional Development Fund

# DWELL

# DIABETES & WELLBEING

INSPIRATION AND TOOLS TO DELIVER THE STAFF TRAINING PROGRAMME



# About DWELL

## Project partners

- The Health and Europe Centre (Lead Partner), United Kingdom
- The Blackthorn Trust, Kent, United Kingdom
- Artevelde University of Applied Sciences, Ghent, Belgium
- Kinetic Analysis, The Netherlands
- Medway Community Healthcare CIC, United Kingdom
- Kent County Council, United Kingdom
- Canterbury Christ Church University, United Kingdom
- Centre Hospitalier de Douai, France

## Funding

The DWELL project was approved and funded by the EU Interreg 2 Seas Programme 2014-2020 (co-funded by the European Regional Development Fund).

## Authors

Anne Eltringham Cox & Julie Webster (Medway Community Healthcare), Ruben Vanbosseghem, Annelien Callens & Veerle Luyens (Artevelde University of Applied Sciences) in collaboration with Anna Best (The Health and Europe Centre), Nathalie Belmas (Blackthorn Trust), Maarten Gijssel (Kinetic Analysis), Stephen Cochrane (Kent County Council), Prof. Eleni Hatzidimitriadou, Sharon Manship & Thomas Thompson (Canterbury Christ Church University), Marie Duezcalzada (Centre Hospitalier de Douai).

## Contact & more information

- United Kingdom: [anna.best@nhs.net](mailto:anna.best@nhs.net), [julie.webster1@nhs.net](mailto:julie.webster1@nhs.net), [nathalie@blackthorn.org.uk](mailto:nathalie@blackthorn.org.uk), [eleni.hatzidimitriadou@canterbury.ac.uk](mailto:eleni.hatzidimitriadou@canterbury.ac.uk), [Stephen.Cochrane@kent.gov.uk](mailto:Stephen.Cochrane@kent.gov.uk)
- France: [Marie.Duezcalzada@ch-douai.fr](mailto:Marie.Duezcalzada@ch-douai.fr)
- The Netherlands: [mpe.gijssel@kinetic-analysis.com](mailto:mpe.gijssel@kinetic-analysis.com)
- Belgium: [ruben.vanbosseghem@arteveldes.be](mailto:ruben.vanbosseghem@arteveldes.be)

[www.dwelldiabetes.eu](http://www.dwelldiabetes.eu)

© Artevelde University of Applied Sciences 2023

# Table of contents

|   |    |
|---|----|
| About DWELL.....  | 1  |
| 1 Introduction.....   | 3  |
| 1.1 Background .....  | 4  |
| 1.2 Competencies and their importance .....                 | 4  |
| 2 The DWELL Staff training programme .....                  | 5  |
| 2.1 What is the DWELL Staff training programme?.....        | 6  |
| 2.2 Competencies.....                                       | 6  |
| 2.3 Quality assurance.....                                  | 7  |
| 2.4 Objectives.....   | 8  |
| 3 The five modules of the staff training programme .....    | 9  |
| 3.1 Module 1: The DWELL approach.....                       | 10 |
| 3.1.1 What are the objectives of this module?.....          | 11 |
| 3.1.2 How to deliver this module –lesson plan example ..... | 12 |
| 3.2 Module 2: Understanding type 2 diabetes .....           | 16 |
| 3.2.1 What are the objectives of this module?.....          | 17 |
| 3.2.2 How to deliver this module –lesson plan example ..... | 18 |
| 3.3 Module 3: Facilitation.....                             | 23 |
| 3.3.1 What are the objectives of this module?.....          | 24 |
| 3.3.2 How to deliver this module –lesson plan example ..... | 25 |
| 3.4 Module 4: Motivational interviewing.....                | 29 |
| 3.4.1 What are the objectives of this module?.....          | 30 |
| 3.4.2 How to deliver this module –lesson plan example ..... | 31 |
| 3.5 Module 5: DWELL evaluation tools .....                  | 36 |
| 3.5.1 What are the objectives of this module?.....          | 37 |
| 3.5.2 How to deliver this module .....                      | 37 |
| References.....   | 38 |

# 1 Introduction

By Stephen Cochrane, Kent County Council, United Kingdom

## 1.1 Background

The Diabetes & WELLbeing (DWELL) initiative involves eight partners in the Interreg 2 Seas area, from the United Kingdom, Belgium, the Netherlands, and France. A 12-week patient support programme for patients with Type 2 diabetes and a training package for staff to deliver the programme has been designed by, and implemented in, all four countries represented in the partnership.

The programme has targeted patients in these countries to access tailored support, empowering them to self-manage their diabetes and improve their wellbeing. This will increase adherence to treatment, improve health and wellbeing measures, and give economic benefits to health services.

The DWELL programme and how to deliver it, is described in the booklet 'DWELL Diabetes & WELLbeing: inspiration and tools to deliver the 12 week patient programme' (Vanbosseghem, et al., 2022). The aim of this booklet is to describe the staff training programme. The ambassadors programme is covered in a separate booklet.

## 1.2 Competencies and their importance

A therapeutic patient education initiative (TPE) or specifically for patients in the UK, a structured education programme (SEP) (NICE 2016) like DWELL is designed to train patients in the skills of self-managing or adapting treatment to their type 2 diabetic condition, and in coping processes and skills. It should also contribute to reducing the cost of long-term care to patients and to society as well as essential to the efficient self-management and to the quality of care of all long-term diseases or conditions. TPE/SEP is education managed by health care providers trained in the education of patients and designed to enable a patient (or a group of patients and families) to manage the treatment of their condition and prevent avoidable complications, while maintaining or improving quality of life. Its principal purpose is to produce a therapeutic effect additional to that of all other interventions (pharmacological, physical therapy, etc.).

Since 1998, TPE has been recognised as a significant contributor to chronic disease management and recommended that it should be incorporated into health care professional (HCP) training programmes. (WHO 1998; Lager G, Patky Z, Golay A 2010). TPE/SEP is based on the notion that educating patients – that is, helping them develop skills to better manage, and adapt their lives to, their disease – contributes to their health and wellbeing.

A competence (or competency) can be defined as the professional ability required to carry out certain functions or a recognized aptitude to perform a specific act. Competence is a potential which is realised at the moment of performance (WHO 1998).

# **2 The DWELL Staff training programme**

## 2.1 What is the DWELL Staff training programme?

A training programme for staff was organized as part of the DWELL project. This staff training programme supports participating staff in order to deliver the DWELL 12 week patient support programme.

This training programme meets the needs of professional staff to deliver the DWELL 12 week programme. The core elements of the programme have been defined by the DWELL partnership, based on a skills gap analysis and further questionnaire.

## 2.2 Competencies

As defined above a competency can be defined as having the knowledge, skills, and attributes for a given task. Assuring the competency of healthcare professionals caring for, and supporting, people with diabetes is a challenging, but essential, component of improving the quality and standards of diabetes care and management. The exercise should be viewed as the first element of a three-part process, Assessing skills, Ongoing development and finally Enhancing skills.

This initial DWELL competence framework is offered as a benchmark which can be used and further developed in several ways to enhance practitioner and nurses' knowledge and skills. For example, to provide:

- Help for individual practitioners and nurses to plan their professional development in diabetes care.
- Guidance for employers on competency at the various levels of diabetes care.
- A reference for planning educational programmes.
- Information for commissioners in identifying appropriate staff to deliver services to meet local needs post DWELL.

The development process for this DWELL Framework continued with an informal workshop to identify the skills/knowledge that Partners expected trainers to possess without initially placing those identified skills in any specific skill set. It should be stressed that this was not a formal training needs assessment. A draft competency grid that aligned to the DWELL staff training programme was formed and the competencies were then placed in one of four Key Skill Areas Namely Area 1: Core Skills including Governance, Area 2: Equality and Equity, Area 3: Diabetes Subject Knowledge and finally Area 4: Interpersonal Skills. No differentiation was made between those competencies that were needed to deliver management of the DWELL programme from those that were required to deliver the self-management type 2 diabetes knowledge to patients with the former being an educational competence and the latter professional competence.

## 2.3 Quality assurance

The draft DWELL Trainer Competency Skills Framework was shared with partners for consultation and after this the Framework was tested against the QISMET QIS 2020 quality standard (<https://www.qismet.org.uk/>) by clinical staff at Medway Community Healthcare.

To ensure competency, quality assurance mechanisms were integrated. In the UK, all potential facilitators must complete a baseline knowledge self-assessment form to identify their training needs; facilitators needed to observe a minimum of one full DWELL patient support programme before they delivered their first programme. Furthermore, their competency to deliver the DWELL programme was assessed by an experienced DWELL facilitator, using internal peer review documentation during the first programme they delivered.

The experienced facilitator, who undertakes the peer review, gives the trainee feedback following each session. At the end of the programme the trainee received a copy of the peer review documentation for their personal development file and was supported to develop an action plan to address any areas identified as requiring improvement.

Ongoing, facilitators were required to deliver a minimum of one course every six months to maintain their competency. They were required to attend the DWELL meetings to maintain the standards of the programme and ensure ongoing improvement and development as a result of participant feedback and updating of course materials as a result of changes in evidence.

Ongoing, facilitators peer reviewed each other on a rolling programme to ensure that all the sessions they deliver are peer reviewed a minimum of once in three years. Training will be provided to undertake the peer review process.

It is a requirement for all clinical staff to demonstrate Continuing Personal Development (CPD). In line with this all DWELL facilitators are required to keep evidence of CPD. Self – assessment training requirements, Internal Peer review and implemented of action plans as part of the Quality Assurance process for DWELL along with copies of appraisals relating to the Facilitator’s role formed part of this evidence.

## 2.4 Objectives

The DWELL partnership expects staff delivering the 12 week programme to:

- be aware of the philosophy of the DWELL approach
- have knowledge about the principles, objectives and core elements of the 12 week programme and the pick & mix programme
- understanding type 2 diabetes
- know how to facilitate a group of participants
- know how to do a motivational interview
- know how to use the evaluation tools

# **3 The five modules of the staff training programme**

## **3.1 Module 1: The DWELL approach**

The staff members who are going to deliver the DWELL 12 week programme will need to be informed about the philosophy of the DWELL approach, as it is different in its patient-centred approach to many other current diabetes support programmes.

Participating staff will also need to be informed about the content of the DWELL 12 week patient support programme, the pick & mix programme, the directory and the online tools that are other elements of the project.

### 3.1.1 What are the objectives of this module?

The staff member:



- Understands the concept of the DWELL project
- Knows the DWELL philosophy
- Agrees with the DWELL philosophy
- Understands what the DWELL programme contains and how it will be delivered
  - Knows the goals of the DWELL 12 week patient support programme
  - Knows the four modules of the 12 week patient support programme
  - Knows the principles of the 12 week patient support programme
- Knows how he/she can contribute to the goals of this 12 week patient support programme

### 3.1.2 How to deliver this module –lesson plan example

#### **Aim of session/learning objective:**

**Purpose** of this session is to provide the participant with a background and understanding of the DWELL programme.

#### Learning Outcomes

By the end of the session, people will have:

- an understanding of the concept of the DWELL research project
- an awareness of the impact of type 2 diabetes on the lives of individuals
- an awareness of the different partners involved in the project and how the project is funded
- an understanding of what the DWELL programme for participants contains and how it will be delivered
- an understanding of the DWELL philosophy
- an awareness of the on-going support being developed for DWELL participants including the role of the Patient Ambassador
- an understanding of the DWELL staff training programme
- an awareness of the expected outcomes of the DWELL project and how they will be measured

#### **Length of session:**

3 hours and 40 minutes including 20-minute break.

#### **Maximum number of participants:**

For people directly involved with DWELL maximum of 12 to ensure discussion and buy in to DWELL philosophy and delivery approach of the DWELL patient support programme.

#### **Resources/equipment needed:**

flipchart and pens, laptop, projector and screen, session programme, hand-outs, sign in register, pens for participants and evaluation forms, refreshments, speakers notes and lesson plans

**Programme:**

| <b>Time (Mins)</b> | <b>Content</b>  | <b>Method and resources</b>  | <b>Learning outcomes</b>   |
|--------------------|---|--|--|
| 15                 | Welcome & Signing In  | <b>Informative</b><br>Sign in register, pens<br>Refreshments<br>Knowledge of housekeeping arrangements and layout of environment ,e.g. toilets<br>Local fire safety process<br>Lesson plan |  |
| 5                  | Introduction and outline of the programme                       | <b>Informative</b><br>Session programme and hand-outs<br>Lesson plan   |  |
| 20                 | Impact of type 2 diabetes on the lives of individuals           | <b>Informative session delivered by person with type 2 diabetes</b><br><b>Discussion</b><br>Flip chart and pens<br>Speakers notes<br>Lesson plan   | Participants will have an understanding of the impact of living with type 2 diabetes.    |
| 10                 | Concept of the DWELL research project                           | <b>Informative</b><br>Lap top, projector and screen<br>DWELL power point presentation<br>Speakers notes<br>Lesson plan   | Participants will have an understanding of the background to the DWELL research project. |
| 10                 | Different partners involved in the project and how it is funded | <b>Informative</b><br>Lap top, projector and screen  | Participants will know the different partners involved in the                            |

|    |   |  |  |
|----|---|--|--|
|    |   | DWELL power point presentation<br>Speakers notes<br>Lesson plan  | DWELL project and how the project has been funded.   |
| 40 | <b>Content of DWELL Patient support programme, how it will be delivered including Adult learning principles</b> | <b>Informative</b><br>Lap top, projector and screen<br>DWELL power point presentation<br>Speakers notes<br>Lesson plan | Participants will understand the 4 different components of the programme and the focus on self-empowerment and adult learning approach.        |
| 20 | <b>Break</b>  | Refreshments   |  |
| 20 | <b>The DWELL philosophy</b>   | <b>Discussion</b><br>Flip chart and pens<br>Speakers notes<br>Lesson plan<br>Hand-outs of DWELL philosophy             | Participants will understand and buy in to the DWELL philosophy  |
| 20 | <b>On-going support being developed for DWELL participants including the role of the Patient Ambassador</b>     | <b>Informative</b><br>Lap top, projector and screen<br>DWELL power point presentation<br>Speakers notes<br>Lesson plan | Participants will understand the different tools and support methods that are being developed to help DWELL participants long term             |
| 20 | <b>DWELL Staff training programme</b>   | <b>Informative</b><br>Lap top, projector and screen<br>DWELL power point presentation<br>Speakers notes<br>Lesson plan | Participants will understand the different elements of the DWELL staff training programme and who will be required to undertake which aspects. |

|    |   |  |   |
|----|---|--|---|
| 20 | <b>Expected outcomes of the DWELL project and how they will be measured</b> | <b>Informative</b><br>Lap top, projector and screen<br>DWELL power point presentation<br>Speakers notes<br>Lesson plan | Participants will understand the evaluation tool and data being collected to evaluate the DWELL research project. |
| 20 | <b>Close: Q &amp; A's , next steps, evaluation forms</b>                    | Evaluation forms, pens   |   |

## **3.2 Module 2: Understanding type 2 diabetes**

In order to facilitate and support participants of the 12 week patient support programme, staff will need to have knowledge of Type 2 Diabetes.

### 3.2.1 What are the objectives of this module?

The staff member:



- Is aware of the prevalence of diabetes
- Is aware of the financial impact of diabetes
- Understands what it is to live with diabetes
- Knows what DMT2 is
- Knows acute and chronic complications of DMT2
- Knows how to act when acute complications occur
- Knows the recommendations, standards and benefits of daily physical activity
- Knows the recommendations, standards and benefits of healthy nutrition

### 3.2.2 How to deliver this module –lesson plan example

| Understanding Diabetes  |
|---|
| <p><b>Aim of session/learning objective:</b><br/><b>Purpose</b> of this session is to understand normal glucose metabolism and the changes that occur with diabetes, symptoms management and medications</p> <p><b>Learning Outcomes:</b></p> <ul style="list-style-type: none"><li>• awareness of the prevalence and financial impact of diabetes</li><li>• understand normal glucose metabolism</li><li>• understand the development of diabetes and the different types of diabetes</li><li>• understand symptoms of diabetes related to high blood glucose</li><li>• awareness of the complications of diabetes</li><li>• awareness of management of diabetes</li></ul> |
| <p><b>Length of session:</b> 2 hours</p>  |
| <p><b>Maximum number of participants:</b> 15</p>  |
| <p><b>Resources/equipment needed:</b> e.g. flipchart, hand-outs, marker pens, refreshments, signing in sheet<br/>Diabetes UK Explaining diabetes video (or similar), PC/laptop: projector; screen/blank wall<br/>Pens/pencils for participants and evaluation forms, self-assessment questionnaires<br/>Speakers Notes/Lesson plan</p>  |

**Programme:**

| Content  | Method and resources   | How competence is to be measured  |
|--|--|---|
| <p><b>Introduction &amp; Signing In</b></p>  | <p><b>Informative</b><br/>           Sign in register, pens<br/>           Refreshments<br/>           Knowledge of housekeeping arrangements and layout of environment ,e.g. toilets<br/>           Local fire safety process</p> | <p>Knowledge level self-assessment will be completed by participants pre and post session to measure increased level of awareness and understanding</p> |
|  |  | <p><b>Learning outcomes of the session</b></p>  |
| <p><b>Outline of the session</b><br/> <b>Expectations of the session by participants</b><br/> <b>Measure current level of knowledge</b></p>  | <p><b>Discussion</b><br/>           Hand outs/ session outline<br/>           Flip chart/pens<br/>           Self-assessment questionnaire</p>   | <p>Participants will set expectations for the session and measure their current level of awareness/ understanding of diabetes</p>                       |
| <p><b>Prevalence of diabetes, locally nationally and internationally</b><br/> <b>Financial Impact nationally and internationally</b><br/> <b>How big is the problem?</b><br/> <b>What are the costs?</b></p> | <p><b>Informative</b><br/>           Speakers notes and flip chart/power point slide<br/>           Speakers notes/lesson plan</p>   | <p>Participants will have an understanding of the prevalence and financial impact of diabetes nationally and internationally</p>                        |
| <p><b>Glucose Metabolism</b><br/>           What is glucose?</p>   | <p><b>Discussion and informative</b></p>   | <p>Participants will have an understanding of glucose</p>   |

|  |  |  |
|--|--|--|
| <p>Why does the body need glucose and where does it come from?<br/>         What food group in particular<br/>         When you eat where does the food go<br/>         What happens to the glucose next<br/>         How does the glucose get into the cells?<br/>         Where does insulin come from?<br/>         What happens to glucose in the cell?<br/>         If the body has enough energy where do you think the extra is stored?<br/>         Liver storehouse for glucose<br/>         When you aren't eating eg overnight where do you think the body gets energy from?<br/>         Released from the liver's store<br/>         When the liver has a full store where is the extra glucose energy stored?<br/>         The body has another process that keeps the blood glucose controlled.<br/>         Has anybody heard of incretin hormones?<br/>         Help body produce more insulin when you eat CHO<br/>         Reduce the amount of glucose produced by liver<br/>         Reduce the rate your stomach digests food<br/>         Reduce appetite<br/>         What is the ideal range for blood glucose?<br/> <b>Reminder/Summary</b></p> <ul style="list-style-type: none"> <li>• Glucose is used for energy</li> <li>• Foods are broken down for energy</li> <li>• Insulin enables glucose to get into the cells for energy</li> <li>• This keeps the blood glucose within a controlled range</li> </ul> | <p><b>Diabetes UK:</b> Explaining Diabetes<br/>         Video<br/>         Projector PC/laptop<br/>         Screen<br/>         Flip chart /pens<br/>         Speakers notes/lesson plan</p> | <p>metabolism in the absence of diabetes</p> |
|--|--|--|

|   |   |  |
|---|---|--|
| <p><b>Development of Diabetes</b></p> <p>What goes wrong with glucose metabolism and why?<br/> The treatments and different types of diabetes?<br/> What different types of diabetes have you heard of?<br/> What do you think happens in Type 1?<br/> Where do things go wrong in type 2 diabetes<br/> What might be the cause of the rusty key?<br/> If the blood glucose level is high and cells have no energy how would the body respond?<br/> How long do you think the pancreas factory can keep going for?</p> <p><b>Reminder</b></p> <ul style="list-style-type: none"> <li>• What is the difference between Type 1 and Type2 diabetes</li> <li>• What other types of diabetes are there?</li> <li>• What contributes to insulin resistance?</li> <li>• How does the body respond to high blood glucose levels?</li> </ul> | <p><b>Discussion and informative</b></p> <p><b>Diabetes UK:</b> Explaining Diabetes<br/> Video<br/> Projector PC/laptop<br/> Screen<br/> Flip chart /pens<br/> Speakers notes/lesson plan</p> | <p>Participants will understand how diabetes develops and how the body responds</p>          |
| <p><b>Symptoms of raised blood glucose levels</b></p> <p>The symptoms of diabetes related to high blood glucose<br/> How does the body try to get rid of some of the extra glucose?<br/> What happens if you pass a lot of urine?<br/> If glucose is not getting into your cells for energy how you would feel?<br/> Some people lose weight how does this happen?</p>  | <p><b>Discussion and informative</b></p> <p><b>Diabetes UK:</b> Explaining Diabetes<br/> Video<br/> Projector PC/laptop<br/> Screen<br/> Flip chart /pens<br/> Speakers notes/lesson plan</p> | <p>Participants will understand the symptoms associated with raised blood glucose levels</p> |
| <p><b>Complications</b></p> <p>Microvascular<br/> Macrovascular<br/> Depression/Anxiety</p>   | <p><b>Discussion and informative</b></p> <p><b>Diabetes UK:</b> Explaining Diabetes<br/> Video<br/> Projector PC/laptop<br/> Screen</p>   | <p>Participants will understand the complications associated with Diabetes</p>               |

|   |   |   |
|---|---|---|
|   | Flip chart /pens<br>Speakers notes/lesson plan  |   |
| <b>Management</b><br><b>Can diabetes be reversed?</b><br><b>How can blood glucose levels be improved?</b><br><b>How can the risks of complications be reduced?</b>  | <b>Discussion and informative</b><br>Diabetes UK: Explaining Diabetes<br>Video<br>Projector PC/laptop<br>Screen<br>Flip chart /pens<br>Speakers notes/lesson plan | Participants will have an understanding of the different aspects of Diabetes management and how the risk of complications can be reduced. |
| <b>Medication</b><br><b>Metformin improves insulin resistance</b><br><b>Glitizones help the body be more sensitive to insulin</b><br><b>Sulphonylureas help the pancreas make more insulin</b><br><b>Gliflozins increase the excretion of glucose from the kidneys</b><br><b>DPP4 inhibitors increase the effect of incretin hormones</b><br><b>GLP1 mimick incretins</b><br><b>Insulin</b> | <b>Discussion and informative</b><br>Flip chart /pens<br>Speakers notes/lesson plan<br>Hand-outs on medications   | Participants will have an understanding of the range of medications for glycaemic control and their mode of action.                       |
| <b>Review expectations</b><br><b>Summary</b><br><b>Repeat Self-assessment questionnaire</b><br><b>Evaluation of the session</b><br><b>Close session</b>   | <b>Discussion</b><br>Self-assessment questionnaire,<br>Pens for participants<br>Evaluations forms   | Participants will be able to measure an increased level of awareness and understanding of Diabetes  |

## **3.3 Module 3: Facilitation**

Support is one of the basic principles of the DWELL patient support programme. Participating staff will have an important role as the facilitator for a group or individual. This requires facilitation skills.

### 3.3.1 What are the objectives of this module?

The staff member:



- Understands what it means to facilitate
- Understands how adults learn
- Knows how to support a group or an individual
- Knows how to cope with resistance within a group or individual
- Knows how to cope with conflicts in a group
- Knows how to involve all group members

### 3.3.2 How to deliver this module –lesson plan example

#### Title of session: Facilitation Skills

#### Aim of session/learning objective:

**Purpose** of this session is to provide the people involved in delivering the DWELL programme with the understanding and skills to facilitate groups.

#### Learning Outcomes

By the end of the session, staff will have:

- reached a basic understanding of what it means to facilitate
- gained an understanding of how factors including personality types affect participant's behaviour within the group.
- have an awareness of their natural facilitation style
- gained an understanding of the different ways in which adults learn
- developed some key facilitation skills
- gained confidence as a facilitator

**Length of session:** 6 hours 40 minutes including breaks and lunch

**Maximum number of participants:** A group of 12 is ideal for a facilitated workshop as it gives the right balance between intimacy and liveliness. Smaller than 5 or larger than 15 requires a highly skilled facilitator to retain order, interest and direction.

#### Resources/equipment needed:

Flipchart and flipchart pens, laptop, projector and screen or blank wall, hand-outs including session programme and group tasks  
Speaker notes (attached), lesson plan  
refreshments signing in sheet  
Pens/pencils for participants and evaluation forms

**Programme:**

| <b>Time (mins)</b> | <b>Content – what must be covered</b>                           | <b>Method – eg seminar, hands-on demonstration and resources</b>   | <b>How competence is to be measured?</b>   |
|--------------------|---|--|--|
| 20                 | <b>Welcome and refreshments<br/>Signing In<br/>Housekeeping</b> | <b>Informative</b><br>Sign in register, pens<br>Refreshments<br>Knowledge of housekeeping arrangements and layout of environment ,e.g. toilets<br>Local fire safety process<br>Lesson plan | Competence as a facilitator will be measured by an experienced facilitator using the appropriate peer review documents when the individual delivers their first DWELL programme. |
| 10                 | <b>Introduction and outline of the day.</b>                     | <b>Informative</b><br>Session programme and hand-outs<br>Lesson plan   |  |
|                    |   |  | <b>Learning outcomes for this session below:</b>   |
| 10                 | <b>Definition of facilitation and why is it important?</b>      | <b>Discussion &amp; Informative</b><br>Flip chart and pens<br>Speakers notes<br>Lesson plan  | Participant will understand what facilitation is and why it is important   |
| 30                 | <b>Simple principles for running a facilitated workshop</b>     | <b>Discussion &amp; Informative</b><br>As above  | Participant will understand the principles for running a facilitated workshop  |
| 40                 | <b>What makes a good facilitator?<br/>7 Key skills</b>          | <b>Discussion &amp; Informative</b><br>As above  | Participant will understand the skills required to be a good facilitator   |
| 20                 | <b>Break</b>  | Refreshments   |  |

|    |  |   |  |
|----|--|---|--|
| 20 | <b>Facilitators role and style including group task</b>          | <b>Discussion, Group task &amp; Informative</b><br>Flip chart and pens<br>Speakers notes<br>Lesson plan<br>Hand-outs for group task on facilitation style     | Participants will gain an understanding of their natural facilitation style.   |
| 30 | <b>Principles of Adult learning</b>                              | <b>Discussion &amp; Informative</b><br>Flip chart and pens<br>Speakers notes<br>Lesson plan<br>Hand-outs on Adult Learning Principles                         | Participants will have an understanding of how adults learn and how to incorporate different techniques into delivering education to cater for different styles. |
| 40 | <b>Lunch</b>   | Refreshments  |  |
| 30 | <b>Personality Types</b>   | <b>Discussion &amp; Informative</b><br>Flip chart and pens<br>Speakers notes<br>Lesson plan<br>Hand-outs on Personality Types<br>Laptop, Projector and Screen | Participants will gain an understanding of the different personality types and how this may affect the dynamics of workshops.                                    |
| 30 | <b>Conflict &amp; possible approaches to conflict resolution</b> | <b>Discussion &amp; Informative</b><br>Flip chart and pens<br>Speakers notes<br>Lesson plan   | Participants will gain an understanding of the different reason conflict may arise and practical techniques for resolving negative conflict                      |
| 20 | <b>Break</b>   | Refreshments  |  |
| 60 | <b>Group task</b>  | Hand-outs for group task on facilitating a discussion   | Participants will gain experience and confidence in facilitating a group   |

|           |  |  |   |
|-----------|--|--|---|
|           |  | Flip chart and pens                                  |   |
| <b>30</b> | <b>Feedback from group task</b>                | Flip chart and pens<br>Speakers notes<br>Lesson plan | Participants will increase their knowledge and awareness of aspects to consider when facilitating a group |
| <b>10</b> | <b>Close and completion of evaluation form</b> | Evaluation forms                                     | Participants will set a goal to work towards  |

## **3.4 Module 4: Motivational interviewing**

The DWELL patient support programme puts the person with Type 2 Diabetes in the driving seat of the management of their diabetes. Self-management is an important concept in the DWELL approach. At least two motivational interviews (MI) will be organized for each participant. The principles of MI can also be used in all sessions of the 12 week patient support programme.

### 3.4.1 What are the objectives of this module?

The staff member:



- Knows the principles of motivational interviewing
- Can use the principles of motivational interviewing in the 12 week programme
- Can set goals together with the participant
- Knows how to express empathy
- Knows how to support self-efficacy
- Knows how to roll with resistance

### 3.4.2 How to deliver this module –lesson plan example

|  |
|--|
| <b>Title of session: Motivational Interview training 1</b>   |
| <b>Aim of session/learning objective:</b><br>Train staff to deliver motivational interviews  |
| <b>Length of session:</b> (e.g. 3 hours): 2 days<br>Day 1 – background, overview, purpose and application<br>Day 2 – advancing skills and practice |
| <b>Maximum number of participants:</b> 15  |
| <b>Resources/equipment needed:</b><br>Motivational interview trainer<br>Flipchart, pens, paper<br>Projector and screen                             |

**Suggested running order:**

| Time (mins)   | Contents/Activity/Task   | Method - e.g. group discussion, explanation, demonstration  | Resources  | Learning outcomes  |
|---|--|---|--|--|
| DAY 1:<br>Morning session:<br>3hrs 45 mins<br>(including a 15 minute break) | <p>Explore the following:</p> <ol style="list-style-type: none"> <li>1. What is motivational interviewing?</li> <li>2. What is its relevance to a diabetes project</li> <li>3. Differentiating between intrinsic &amp; extrinsic motivation</li> <li>4. Why change is hard and how ambivalence plays a role</li> <li>5. Explain the underlying concepts of MI: the spirit of MI: partnership, acceptance,</li> </ol> | <ol style="list-style-type: none"> <li>1. Explanation followed by discussion,</li> <li>2. Listening exercise: Groups of 4, one person chooses a personal situation to talk about. The other three have to listen without interrupting. One person is listening out for the speaker's 'thinking', another person listens for the speaker's 'feelings', and the third person listens out for the person's will.</li> </ol> <p>Afterwards, the listeners give feedback to the speaker, and then the speaker can in turn give feedback on what it was like to hear their thoughts/feelings/will being described back to them. Group can discuss what got in the way of listening, feeling and thinking</p> <ol style="list-style-type: none"> <li>3. Practicing core skills: Open questions, affirmations, reflections and summaries</li> </ol> | <p>Enough space for people to spread out into groups.<br/>Chairs<br/>Flipchart for writing notes</p> | <ol style="list-style-type: none"> <li>1. Trainees will have understood the concept of motivational interviewing and how it differs from general conversation, as well as understanding its application to diabetes</li> <li>2. Trainees will have learnt basic skills of listening on 3 levels- thinking/feeling/will</li> <li>3. Trainees will understand the OARS principles</li> </ol> |

|   |   |   |  |   |
|---|---|---|--|---|
|   | <p>compassion and evocation</p> <p>6. Explain the principle of OARS (open questions, affirmations, reflections and summaries)</p>   |   |  |   |
| 45 minutes - break                                      |   |   |  | -   |
| Afternoon session: 3 hours, including a mid-point break | <ol style="list-style-type: none"> <li>1. Navigating the 4 processes of Engaging, Focusing, Evoking, and Planning</li> <li>2. Discussion of 'change talk' – language that encourages movement in the direction of change</li> </ol> | <ol style="list-style-type: none"> <li>1. Explanation of each process</li> <li>2. Split people into pairs to work on each of the first 3 sections in a role play (engaging, focusing, evoking)</li> </ol> |  | <ol style="list-style-type: none"> <li>1. Trainees will understand the 4 processes and will be able to apply them</li> <li>2. They will be able to avoid using language that is not conducive to meaningful communication that leads to self-realisation</li> </ol> |

|   |  |   |  |   |
|---|--|---|--|---|
|   | 3. Bringing it all together – practice sessions  |   |  |   |
| DAY 2:<br>Morning session:<br>3hrs 45 mins<br>(including a 15 minute break) | <ol style="list-style-type: none"> <li>1. The importance of silence in motivational interviews</li> <li>2. More work on the four foundation process</li> </ol> | <ol style="list-style-type: none"> <li>1. Watch a video (Disconnect to Reconnect , Prudential Singapore)<br/><a href="https://www.youtube.com/watch?v=VsojBgHqeg4">https://www.youtube.com/watch?v=VsojBgHqeg4</a></li> <li>2. Priorities exercise – how to arrive at a focus when it is not clear at the outset. Format: real-play in pairs, 10 minutes. Focus on the change goals, not evoking or planning. Stop when you have a clear direction for change. Discuss what was helpful and less helpful, what interviewer skills were used in focusing</li> <li>3. Real-play in groups of 3 – 2 people carrying out the interview with a third person observing, giving rise to an opportunity for feedback</li> </ol> |  | <ol style="list-style-type: none"> <li>1. Trainees understand that the 4 foundation process is not linear, and are able to employ the right process at the right time in order to evoke change</li> </ol> |
| 45 minute break   |  |   |  |   |
| Afternoon session:<br>3 hours   | <ol style="list-style-type: none"> <li>1. The practicalities of planning</li> </ol>  | <ol style="list-style-type: none"> <li>1. Explain how to establish sufficient engagement in the interview, how to outline a clear shared goal, and how to ensure that there is sufficient client motivation</li> <li>2. Triad of speaker, interviewer and observer. The speaker selects a change topic which was elicited from the morning’s exercise that they would like</li> </ol>   |  | <p>Trainees understand how to guide the interview from a change goal to a plan, and how to then complete the MI form to include a list of goals, an understanding of what is difficult to</p>             |

|  |  |   |  |  |
|--|--|---|--|--|
|  |  | <p>to do something about. The interviewer carries out the interview, and the observer attends to what happens, what seems to be helpful in coming to a plan</p> <p>3. Go through the form that needs to be completed at the end of the motivational interview so that staff understand how to complete it</p> |  | <p>change and why, as well as the client's motivation for change, and some practical steps for the DWELL programme</p> |
|--|--|---|--|--|

## **3.5 Module 5: DWELL evaluation tools**

A DWELL evaluation tool with several questionnaires will be used to assess the effect of the 12 week patient support programme. Participants may ask staff members questions about this assessment, so staff need to have an understanding of the tools and processes involved.

### 3.5.1 What are the objectives of this module?

The staff member:



- Knows which outcomes will be assessed
- Knows how the tool needs to be completed
- Can inform and support the participant in order to complete the DWELL evaluation tool

### 3.5.2 How to deliver this module

In the DWELL project, a robust evaluation process was put in place for research purposes, to evaluate patient outcomes and the DWELL programme. The DWELL partnership sees evaluation as an essential element in order to get feedback from participants, assess patient outcomes, etc. Therefore, it is advised to create and install a mechanism to evaluate the targeted outcomes. From a quantitative point of view, validated questionnaires can be used to measure patient outcomes. Feedback sessions and interviews or a focus group can be used to go more in depth in the experience of the participants and learn about their journey. By installing these mechanisms, the quality of the programme can be improved over time.

## References

An Integrated Career and Competency Framework for Diabetes Nursing 4<sup>th</sup> Edition. TREND-UK (Training, Research and Education for Nurses in Diabetes-UK). (2015). [www.trend-uk.org/resources](http://www.trend-uk.org/resources).

Benoit Pétré et al (2017) Cross-border evaluation of needs for training in therapeutic education of the patient for the management in type 2 diabetes and obesity: Survey by method of nominal group with healthcare professionals. <https://pubmed.ncbi.nlm.nih.gov/27242212/>

**Community-Dwelling Individuals with Diabetes for Health Behavior Change Using Action Plans: An Innovation in Health Professionals Education and Practice.** Health Promotion Practice, 16(6), 906-915 <https://pubmed.ncbi.nlm.nih.gov/26220279/>

Hausken, M.F.; Graue, M. (2013) **Developing, implementing and evaluating diabetes care training for nurses and nursing aides in nursing homes and municipal home-based services** European Diabetes Nursing; Mar 2013; vol. 10 (no. 1); p. 19-24 <https://www.tandfonline.com/doi/abs/10.1002/edn.219?needAccess=true&journalCode=yidn19>

Hempler, N. F., Ewers, B. (2015) **Development of culturally sensitive dialog tools in diabetes education.** Indian journal of endocrinology and metabolism; 2015; vol. 19 (no. 1); p. 178-181 <http://europepmc.org/article/MED/25593850?singleResult=true>

Hultquist, T.B., Browns, S.G., Geske, J., Kaiser, K.L., Waibel-Rycek, D. (2015) **Partnering With**

International Standards for Education of Diabetes Health Professionals: International Diabetes Federation, (2015) International Diabetes Federation Chaussée de la Hulpe 166, B-1170 Brussels, Belgium. <https://www.idf.org/e-library/education/63-international-standards-for-education-of-diabetes-health-professionals.html>

Lagger G, Pataky Z, Golay A. Efficacy of therapeutic patient education in chronic diseases and obesity. *Patient Educ Couns.* 2010;**79**(3):283–286. [[PubMed](#)] [[Google Scholar](#)]

NICE 2016. Quality statement 2: Structured education programmes for adults with type 2 diabetes. <https://www.nice.org.uk/guidance/qs6/chapter/quality-statement-2-structured-education-programmes-for-adults-with-type-2-diabetes>

Phillips, A., Dromgoole, P. (2005) **Analysing training needs Part 1: Questionnaire development** Journal of Diabetes Nursing Vol 9 No 7 [https://www.woundsme.com/uploads/resources/dotn/\\_master/2019/files/pdf/jdn9-7-247-51.pdf](https://www.woundsme.com/uploads/resources/dotn/_master/2019/files/pdf/jdn9-7-247-51.pdf)

Sen, M. (2005) **Continuing Education Needs of Currently Practicing Nurses Toward the Self-Care Management of Patients with Type 2 Diabetes**. Journal for Nurses in Staff Development, 21(1), 31-36  
[https://journals.lww.com/jnsdonline/Abstract/2005/01000/Continuing\\_Education\\_Needs\\_of\\_Currently\\_Practicing.8.aspx](https://journals.lww.com/jnsdonline/Abstract/2005/01000/Continuing_Education_Needs_of_Currently_Practicing.8.aspx)

Simmons, D.; Deakin, T.; Walsh, N.; Turner, B.; Lawrence, S.; Priest, L.; George, S.; Vanterpool, G.; McArdle, J.; Rylance, A.; Terry, G.; Little, P. (2015) **Competency frameworks in diabetes** Diabetic Medicine; May 2015; vol. 32 (no. 5); p. 576-584  
<https://onlinelibrary.wiley.com/doi/full/10.1111/dme.12702>

World Health Organization. *Europe Report Therapeutic Patient Education – Continuing Education Programmes for Health Care Providers in the Field of Chronic Disease*. Copenhagen, Denmark: WHO; 1998. [[Google Scholar](#)]