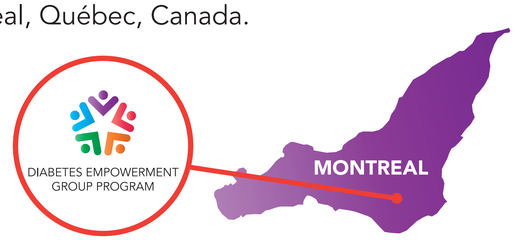
THE DIABETES EMPOWERMENT GROUP PROGRAM: A NOVEL GROUP MODEL POWERS UP!

Fanny Herrson-Edery, Jennifer Reoch, Justin Gagnon, Arlene Abramovitch, Stephen Caminsky, Stewart Jack, Isabelle Samson, Charo Rodriguez

CONTEXT

The Diabetes Empowerment Group Program (DEGP) was developed as a local initiative to provide a clinical intervention to better address the needs of patients with diabetes and physicians at the Kildare Medical Clinic, a community-based clinic in Montreal, Québec, Canada.



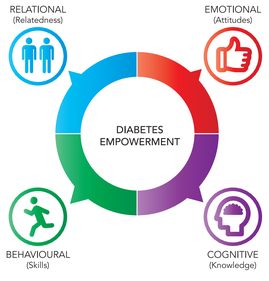
DEGP is a clinical intervention that is:

- a series of regular group medical visits;
- patient-led (responds primarily to their perceived needs);
- interdisciplinary (treating team includes a physician as well as other health care professionals); and
- based on a solid theoretical framework to effect the empowerment of the participants.

The DEGP consists of group sessions every 2-4 weeks (over the course of a year) with 6-8 patients, facilitated by a family doctor and a nurse. Different topics related to diabetes are introduced, but the direction of the discussion is determined by the group itself. Other health professionals (eg. pharmacist, dietician, podiatrist) attend sessions to answer participant questions, as appropriate.

Feedback from the first 3 pilot groups was strongly positive and encouraging. We felt an effort to replicate the program in other clinics would be desirable. In order to do so, we would need to develop a knowledge translation plan with tools to help inform, promote and guide the implementation of the

FRAMEWORK



Our framework of diabetes empowerment is based on the theoretical model of psychological empowerment (Christens 2012).

'Empowerment' comprises four components: emotional, cognitive, behavioural and relational.

OBJECTIVE

To conceive a multimodal knowledge translation (KT) approach to elicit interest at other clinics and aid in an eventual implementation of the DEGP.

DESIGN

- Qualitative descriptive design (semi-structured individual interviews)
- Participatory research

PARTICIPANTS

17 PATIENTS WHO HAVE PARTICIPATED IN THE DEGP

6 CLINICIANS AND ASSOCIATED PROFESSIONALS WHO PARTICIPATED IN DEGP

OUTCOME

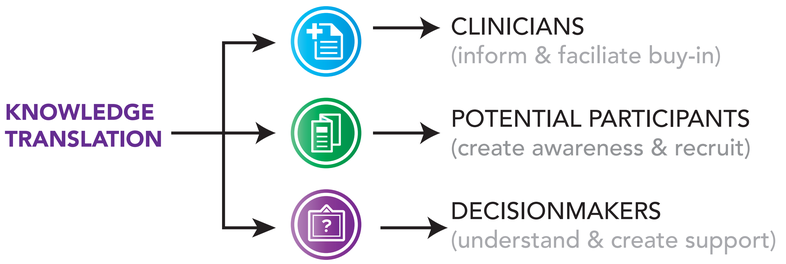
3 distinct communication tools have been developed as part of our knowledge translation plan to introduce and invite interest in our program. These include a description of the program, a patient testimonial-based tool (brochure), and the logic model of the DEGP.

Tools were developed by a core working group which included 3 patient partners (who had previously participated in the DEGP) and were designed for different audiences and for different purposes.

Description of the program: An operational guide for clinicians to frame and suggest the content of the group visits.

Patient testimonial-based tool (brochure): Developed using feedback from individual interviews of patients that had participated in the pilot programs as well as the input of patient partners in our working group on strategic planning. It is aimed to the pique the interest of persons to participate in the program.

Logic model: A map that can clearly illustrate the aims of our program and its presumed impact. It is aimed primarily for administrators and policy decision-makers.



DISCUSSION

The development of these 3 knowledge translation tools are an important first step in a developing a multimodal knowledge translation strategy for the DEGP. We believe that we were able to make more effective tools by including patient partners directly in the creation. We plan future focus groups and interviews to help refine these three tools and ensure that they are achieving their intended purpose with their target audience.

Future KT tools to facilitate the promotion and implementation of the DEGP also warrant further exploration (for example, a website for patient and/or clinic participants).

CONCLUSION

We were able to conceive a multimodal KT approach with the aim to create awaress, inform, facilitate buy-in and understanding of the DEGP. The program description, testimonial and logic model represent part of what could or would need to be developed to help replicate the DEGP in other sites. More work is required to refine and expand on this KT strategy.

McGill | Department of Family Medicine | Département de médecine de famille

MCGILL PRIMARY HEALTH CARE RESEARCH NETWORK
RÉSEAU MCGILL DE RECHERCHE EN SOINS DE SANTÉ DE PREMIÈRE LIGNE

Réseau-1 Québec
Réseau de connaissances en services et soins de santé intégrés de première ligne

This work has been made possible by a grant from the Réseau-1 Québec and the assistance of the McGill Primary Health Care Research Network and the Kildare Medical Clinic.