Using Facilitation Skills in Diabetes Education to Empower Patients

Sarah Piper, MPH, CDE

Diabetes Training and Technical Assistance Center, Emory University
Disclosures to Participants

Requirements for Successful Completion:
For successful completion, participants are required to be in attendance in the full activity, complete and submit the program evaluation at the conclusion of the educational event.

Conflicts Of Interest and Financial Relationships Disclosures

Planners:  Katie Mick, MS, RD, LD, CDE- None
           Vicki Karnes, RD, CDE- None
           LaShonda Hulbert, MPH- None
           CaSonya Green, MA, CHES- None
           Benicia Malone, MEd., ACSM CEP, CHES- None
           Bethany Jagdharyy, RN, BSN, CDE- None

Presenters:  Dr. Scott Isaacs, MD, F.A.C.E, F.A.C.P- Speakers Bureau-Takeda, Abbvie, Novo Nordisk. Consultant- Novo Nordisk
           Elizabeth Collins, MS, RD, LD, CDE- Salary- Insulet Corporation

Disclosure of Relevant Financial Relationships and Mechanism to Identify and Resolved Conflicts of Interest: Educational Planning Table was reviewed for bias and found to be unbiased. Keeping the presentation unbiased was discussed with presenter multiple times, AADE speaker guidance letter was sent, speaker signed Bio/COI form, slides will be reviewed prior to program to assess bias, and class will be closely monitored for bias.

Sponsorship / Commercial Support:  None

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 that for which it was approved by the Food and Drug Administration.

Activity-Type : Knowledge-based
AADE Guidelines for Development of Presentations

• Programs must promote education that is independent and free from commercial bias or promotion.

• Presentations must give a balanced view of therapeutic options. Use of generic drug names is preferred rather than using trade names. If an educational material or content includes trade names, then it must accompany the respective generic name and include all available trade names of products or medications.

• Educational materials cannot contain any advertising, logos, or product-group messages.

• Materials should enhance the participant’s ability to achieve the performance objectives, foster application to clinical practice; service as guidance; provide additional source for information; and include reference tools for practice.

• Speakers/presenters are responsible for obtaining copyright permission for previously published materials used in presentations.

• When using images, remember to block out: Product names, including the names of medications. Remove the image if it is not possible to block out the product name. Company name on screen images, x-rays, ultrasound images, or part of a database display.

• It is encourage to add a Learning Objective slide at the beginning to highlight the purpose of your presentation.
Who is DTTAC and What do you Do?

Diabetes Training and Technical Assistance Center: Established at Emory University in 2009 with funding from the Centers for Disease Control and Prevention (CDC), Division of Diabetes Translation (DDT)

Curriculum:
✓ Adapted curriculum for use in National DPP
  ▶ Partnered with CDC/DDT, Indiana University, University of Pittsburgh, and YMCA of the USA

Training:
✓ Developed and provide training program for Lifestyle Coaches and DTTAC Master Trainers
  ▶ Efficient nationwide delivery system, with ability to respond to widespread public demand
  ▶ External evaluation
  ▶ Self-sustaining model beyond funding period

Support:
✓ Created and manage COMMON GROUND learning community to support Lifestyle Coaches
✓ Provide implementation assistance to organizations delivering the National DPP
Who Have We Trained?

Regional Lifestyle Coach Training
Kalamazoo, Michigan February 2014
Milestone: 1,000 Coaches Trained

- Over 1,700 Lifestyle Coaches trained
- 733 organizations
- 104 Trainings
- 47 states represented
Overview

- What Is Facilitation?
- Making the case for facilitation:
  - Goals and standards of DSME—what do they tell us about facilitation?
  - Adult Learning Principles
  - Empowerment Approach
- Facilitation & Teaching—the right strategy for the right situation
- Overview of Facilitation Skills
- Summary and Next Steps
What is Facilitation?
Activity: What Does Facilitation Mean to You?

- Working with your table colleagues, write down one word or phrase that describes what facilitation means to you or represents some aspect of facilitation.

- Be sure to use large print.
What is facilitation?

= bringing out and focusing the wisdom of the group, often as the group creates something new or solves a problem.

Hogan (2002)
Mercè Bernaus mbernaus@uab.es

Teaching vs. Facilitating

• A process whereby a teacher leads a group of students in acquiring new skills, knowledge, or understanding.

• Helping/making it easy for students to learn together in a group, or to achieve something together as a group.
Teaching vs. Facilitating

- Most subject area teaching involves telling and teaching the students. Measurable outcome at the end.

- Involves helping the students to discover answers by themselves.
<table>
<thead>
<tr>
<th>Content expert</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presents information</td>
<td>Guides process</td>
</tr>
<tr>
<td>Provides the right answers</td>
<td>Provides the right questions</td>
</tr>
</tbody>
</table>
Making the Case for Facilitation
National Standards for Diabetes Self-Management Education & Support

- Designed to define quality DSME
- Assist diabetes educators in providing evidence based education and support
- The standards do not endorse one curriculum or approach to DSME
- Reviewed and revised every 5 years
10 Standards

1. Internal structure
2. External input
3. Needs Assessed
4. Program coordination
5. Instructional staff
6. Curriculum
7. Individualization
8. Ongoing Support
9. Patient Progress
10. Quality Improvement
Self-Management Support

- Focuses on managing life with disease
- Increases skills and self-confidence
- Develops problem-solving and decision making
- Includes emotional management

While DSME is necessary and effective, it does not in itself guarantee a lifetime of effective diabetes self-care (113). Initial improvements in participants’ metabolic and other outcomes have been found to diminish after approximately 6 months (3). To sustain the level of self-management needed to effectively manage prediabetes and diabetes over the long term, most participants need ongoing DSMS (15).
Self-Management Skills

- Problem-solving
- Decision-making
- Resource utilization
- Developing patient-provider relationship
- Goal setting and Action planning

Lorig and Holeman, 2003
Adult Learning
Characteristics of Adult Learners:

- Adults are self-motivated.
- Learn in different ways.
- Learn best by building on what they already know.
- Wish to be respected for their experience in life.
- Learn best when they are actively engaged, when they "learn by doing."
Activity: Learning Pyramid-Retention Rapes

- A variety of educational strategies are posted around the room.

- When you are instructed to begin, use the three dots provided to you to mark the three strategies that you think help participants retain the most information from an educational encounter.
Learning Pyramid; Average Retention Rates

Most of the session should be focused on teaching others, practice by doing, and discussion-based to keep the participants engaged and learning.
The Mary Poppins Principle:

“In every job that must be done, there is an element of fun; find the fun and SNAP, the job’s a game!”
Empowerment Model in Diabetes Education

- Underlying belief reflected in the empowerment approach to diabetes education is that all human beings have an in-born drive to achieve their own physical, psychological and intellectual and spiritual well-being.

- The empowerment approach is patient centered, relies on empathy and positive regard from the educator towards the person with diabetes.

- Shift emphasis from “getting the patient to change behavior to helping the patient develop the skills necessary to identify and solve their own problems.”
Closing the Case for Facilitation:

- The DSME/DSMT standards encourage the individualization of education as well as using a variety of strategies to engage participants in problem solving, peer support, & skills building.
- An understanding of adult learners reinforces the need for alternative approaches to dydactily delivering information.
- Data on the retention of information via different educational strategies supports the notion that more interaction, more engagement leads to better retention of concepts and acquisition of skills.
- The empowerment approach to diabetes education underscores people’s innate ability and wisdom to solve problems, identify solutions and make change—a facilitative approach is consistent with this.
Facilitation & Teaching - the right strategy for the right situation
The Right Approach at the Right Time: Teaching

- Expert in diabetes care
- Identifies priorities for care
- Educates/instructs using directive approach
- Teaching approach is uniform over time

When to use:

- Early in the disease process
- If patient is unable to assume responsibility for health care decisions
- If patient is unable to focus on self-care due to other life issues
The Right Approach at the Right Time: Facilitation

- Provides guidance and support
- Helps patient/group to:
  - make informed decisions
  - overcome barriers through education and skills development
  - gain clarity about values, motivations, goals
  - problem solve

When to use:
- When patient has good grasp of survival skills
- When patient is able to make informed decisions (including when to seek assistance)
- When patient is willing to actively take part in care decisions
Overview of Facilitation Skills
Facilitation Skills and Activities

- Action planning
- Brainstorming
- Teach back techniques
- Activities

- Listening
- Asking questions
- Offering support & encouragement
- Making cues from the learners to inform content and strategy
- Making observations
- Summarizing information
- Providing Resources
- Facilitating problem solving among peers (but not solving problems!)

The biggest temptation of group facilitators is to answer all of the questions and to provide solutions to all problems.
Facilitation Skills: Open-ended Questioning

- Elicits descriptive responses
- Helps open door to problem solving or further discussion

Did you learn something by keeping a food diary this week?

Vs.

What did you learn by keeping a food diary this week?
Facilitation Skills: Questions to Identify Learning Needs

- What is your greatest concern?
- What’s hardest for you about caring for your diabetes?
- What is causing you the greatest distress or discomfort?
- What is it like for you to live with diabetes?
Facilitation Skills: Asking Questions to Explore Skills & Readiness for Change

- What will you gain if you change this behavior?
- What have you tried in the past?
- What are some steps you could take to bring you closer to where you want to be? Why might you want to make this change?
- If you decide to make this change how would you do it?
- What are the three most important benefits to making this change?
- How important is this to you to make this change?
- What are you already doing?
Facilitation Skills: Listening

- The most difficult skill
- Listen to understand
- Set aside your own agenda and concerns about the next steps
- Use Silence

“We have but two ears and one mouth so that we may listen twice as much as we speak.”

- Thomas Edison
Facilitation Skills: *Silence*

- Ask question, count slowly and silently to 10
- Pause after making a statement

*Does anyone have any ideas on ways to fit in 20-30 minutes of physical activity?*

One... two... three... four... five... six... seven... eight... nine... ten...
Facilitation Skills: Active Listening

- Structured form of listening and responding
  - focuses attention on the speaker
  - helps keep a discussion moving forward

**Technique**
- Listen
- Repeat/rephrase/highlight
  - Reinforces participant was understood
  - Encourages further disclosure
- Acknowledge emotional component

*Word of caution: Use sparingly!*
Techniques that encourage broader group participation: *Ping Pong*

1. Engage the individual who raised the point
2. Ask for group input

*I just can’t seem to remember to check my blood sugar...*

*LC: Is there anything you can think of that would make it easier for you?*

*LC: Has anyone else had that problem and found solutions?*
Techniques that encourage broader group participation: **Cross Questioning**

- **Cross questioning**
  - If a participant poses a question, direct it to another person to respond
  - Facilitator should be aware of who in group is likely to have a particular response

  *Iris, can you answer Dave’s question of what we mean by a “healthy way of eating?”*
Techniques for structuring group discussion: *Carousel Technique*

- **Carousel technique**
  - Participation a requirement
  - No one singled out
  - Engages participants who are less likely to interact

*Everyone state one idea you have for staying physical active during the winter months.*
Techniques for structuring group discussion: 
**Subgroups**

- Subgroups
- Pairs or small groups
- Can help to increase participation

Break into groups of 2-3 and discuss your biggest challenge living with diabetes
Facilitations Skills:  
*Brainstorming/Problem solving*

- 1. Define the problem
- 2. Generate many possible solutions
- 3. Pick one option to try
- 4. Make an action plan
- 5. Try it
- 6. Report back/revise plan if needed
Resources

- The Art of Empowerment
- Motivational Interviewing in Groups
- Motivational Interviewing Training
- Group Facilitation Training
- Conversation Maps!

THE CONVERSATION MAP PROGRAM

- A group-based, interactive approach to diabetes management education
- The *Conversation Map* program is a patient-centered, innovative tool for diabetes education developed in collaboration with the American Diabetes Association & MERK
Summary

- A variety of educational strategies are needed along the continuum of a person’s diabetes education

- Using facilitation approaches in diabetes education align with the standards for DSME, the characteristics of adult learners, learning retention and the empowerment approach

- Diabetes educators can use simple strategies such as powerful questions, & brainstorming to increase learner engagement and retention

- Consider training on facilitation skills and/or motivational interviewing as a professional development goal
At the end of the day, regardless of the approach....

Research conducted in both education and psychology has shown that the vision and personal attributes of the educator are CENTRAL to the success of educational and counseling endeavors.

It’s who you are!
Call To Action:

- As a result of what you have heard in this workshop, what is one thing you will do differently in your work?
“The greatest gift we can give one another is rapt attention to one another’s existence.”

-Sue Atchley Ebaugh

Thank You!

Sarah Piper, MPH, CDE
spiper2@emory.edu