

# Piloting an Educational Program

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## INTRODUCTION

The education of people with diabetes is a fundamental intervention, not only related with metabolic control but as well with quality of life.

Therapeutic education is an educational process which aims to enable people to handle the disease, manage their global health situation and enforce the management of self-care and self-monitoring<sup>(1)</sup>. Evidence shows that educational intervention tends to increase its effectiveness if implemented in a program that integrates multiple components, structured on a congruent plan<sup>(2,3,4,5)</sup>.

However, there is a lack of proposals that can be recognized as effective in the management of the disease and its associated behaviours<sup>(6)</sup>.

Given the high prevalence and morbidity of this disease in current society, with significant health costs, this is an area in which is crucial to present tested proposals, that can be replicated in order to contribute to best practices and to health gains<sup>(7)</sup>.

Give this type of contribute was the major factor that triggered this research, which aims to analyse the effectiveness of an educational intervention program targeted at the lifestyle of people with type 2 diabetes, developed in the context of primary health care.

By definition, a program with these characteristics is a Complex Intervention, suggesting a study associated with the guidelines of the Medical Research Council<sup>(8,9)</sup>, which led to a research structure designed according to the phases defined by this guidance.

## Aim

This study is part of the pilot phase of the intervention, aiming to test the educational intervention program designed.

## Methodology

An experimental design of type 3, without randomization or comparison group<sup>(10)</sup> was developed, involving the measurement of variables before and after the implementation of the intervention, throughout

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an accidental recruitment of the participants<sup>(11)</sup>, which joined the first 10 people with DM2<sup>(12)</sup> who had their nursing diabetes consultation during the first week of November 2014, that fulfilled the inclusion criteria and freely accepted to participate in the study.

The global study took place between October 2014 and February 2015, with the intervention program to be developed between the 1<sup>st</sup> week of November and the 3<sup>rd</sup> of January, consisting the pilot education program in a sequence of individual face-to-face, telephone and group interactions.

## Outcomes

Outcomes show that the sequence of planned activities is appropriate, as well as the topics covered in group education sessions, whose structure was able to stimulate discussion among participants, sharing strategies and suggestions for the practical application of the guidelines provided.

The preferred place for group sessions was clearly the Health Unit and the space proved to be suitable for the training of foot self-care activities.

Adherence to “innovative” activities proposed by the programme was seen, in particular to the group sessions and telephone contact, with 90% of the participants completing the program.

## Conclusions

The results verify the feasibility of the program, adherence of stakeholders and clarify the major uncertainties identified. The program piloted proved to be feasible, within the physical space of the Health Unit, within the planned sequence of activities. Adherence of all intervenient was indicative of the successful implementation of the educational program defined and tested.

**Keywords:** Educational Program, Complex Intervention, Pilot Study

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