



# Video as a resource in diabetes education

There have been a number of new initiatives in online video to promote self-management for people with diabetes. **Suj Ahmed**, Senior Healthcare Professional Engagement Officer at Diabetes UK, reviews the latest in video diabetes education

PHOTOS: THINKSTOCK/ANUHFT

**T**here are a wide variety of free online videos available for people with diabetes. They generally fall into three categories:

**Information videos** – give detailed information about specific topics. Their sole purpose is to relay the information by an expert talking directly to camera and/or by information presented in text or graphics on screen. They don't try to move people with diabetes to take any direct action. It is entirely up to the viewer to do what they want to with the information supplied.

**Educational videos** – often come in a series. They provide basic information and talk directly to the person with diabetes about particular topics but, crucially, they want the person with diabetes to think more about self-managing their diabetes around the topic covered in the video. Generally, these videos will have some aspects of user experience to inform and inspire the viewer to take action to better self-manage their diabetes.

**Campaigning videos** – are targeted at bringing about change in diabetes policy, service provision and procedures. The intended audience usually consists of politicians and service providers, rather than necessarily people with diabetes. However, they will seek the support of people with diabetes and healthcare professionals in building up and supporting the campaign.

### **Flexibility of video education**

Traditional methods of structured diabetes education such as DESMOND and Dose Adjustment For Normal Eating (DAFNE) are tried and tested methods, but sometimes the take-up from newly diagnosed people with diabetes is not very high. The positive aspects of DESMOND and DAFNE are that, as well as the information presented by the course facilitator(s), they offer a good opportunity for the patient to raise any questions they may have, engage in discussion and learn from their peers on the course.

However, many people who work, or have other commitments, may not see it as a priority in their lives to attend the course if it is offered to them. Others may

feel resentful in being 'talked to' about their Type 2 diabetes. Sometimes people feel guilty and that it is their own fault for getting diabetes.

The advantage structured video education can offer is flexibility for people with diabetes in taking the video education course when and where they want to, and in how much time they want to spend in any session. Stigma may also play a part in deterring people with diabetes from attending a group course. In a video education session conducted in the privacy of their own homes, not feeling 'judged' by others, may also make it easier for people to engage in learning about self-management.

### **Engaging people with diabetes**

The key aspect of any training course is to effectively engage with learners taking part during the course itself, but also to engage them in wanting to learn in the first place. National Diabetes Audit findings state that 16 per cent of people with diabetes are recorded as being offered structured diabetes education courses and only 3.4 per cent attend. Appropriate structured courses need to be commissioned and have effective referral systems in place for patients. If current structured group training courses are only having limited success in engaging people with diabetes, then other forms of diabetes education may need to be considered more seriously. This is particularly so if supplemental options can be provided that build up patient's knowledge and lead to their completing structured courses.

There is no proven evidence to indicate whether patients take any diabetes self-management actions after they have watched the education videos, or indeed if there are any long-term improvements in their diabetes health. However, patients absorbing information in a hurried consultation with their GP or practice nurse may benefit from having additional online resources available that they can refer to at any time.

People are increasingly using online tools in their personal and professional lives, and may find engagement online through video education a 'natural' aspect of engaging and learning, particularly if there is an online forum

available as well, to discuss diabetes issues with healthcare professionals and peers. However, certain audiences may find online platforms inaccessible or difficult to use.

### **Self-management**

Most studies and strategies recognise the need for people with diabetes to better self-manage to improve their health and to reduce costs to the NHS from diabetes complications, which can often be prevented if the patient is better informed and 'activated'.

**“People with long-term conditions, who tend to be heavy users of the health service, are likely to spend less than 1 per cent of their time in contact with health professionals. The rest of the time they ...manage on their own.”**

NHS ENGLAND, 2014



**“If even the heavy users of the health service only spend less than 1 per cent of their time in contact with healthcare professionals, then utilising various techniques and resources to encourage people with diabetes to self manage in their own homes may be an appropriate approach to explore.**

**“Self-care works, produces excellent outcomes, improves clinicians’ job satisfaction, reduces workload and saves money. Most importantly, patients want it.”**

PROMOTING OPTIMAL SELF-CARE, NHS, 2006

### Behaviour change

Dr Mike Osborn, Consultant Clinical Psychologist, Royal United Hospital NHS Trust, Bath, says: “When a patient ‘reads’ information from a pamphlet they read it in their own voice – a voice that might be feeling depressed or disheartened about the possibility of managing their disease. When a patient ‘hears’ the same information delivered by an expert clinician or expert patient, they are more likely to overcome their negative perception of their own health situation.”

Behaviour change is the huge challenge facing people with diabetes, health services and healthcare professionals.

A key question here is – how can healthcare professionals inspire people to make positive changes to their behaviour? Many research studies have been conducted on behaviour change. There is no magic fix for all, as people have different motivations and different ways of learning. Thus it seems logical

that different methods have to be utilised to initiate behaviour change. Certainly some people respond better to visual learning – and diabetes education through video may be a very suitable medium for them. Also, listening to peers talking about their experiences may be a positive influence on how the viewer sees their newly diagnosed condition, while hints on behaviour change can help them to move towards effective self-management of diabetes.

**“Visuals are processed 60,000 times faster than text and presenters who use visual aids are 43 per cent more effective in persuading audience members to take a desired course of action than presenters who don’t use visuals.”**

UNIVERSITY OF MINNESOTA SCHOOL OF MANAGEMENT

According to Robert E Horn of Stanford University’s Center for the Study of Language and Information: “When words and visual elements are closely entwined, we create something new and we augment our communal intelligence ... visual language has the potential for increasing ‘human bandwidth’ – the capacity to take in, comprehend, and more efficiently synthesise large amounts of new information.”

### How healthcare professionals can make use of diabetes videos

In conclusion, diabetes educational videos should be seen as an additional resource to support healthcare professionals in engaging patients in better self-management and behaviour change.

As there isn’t a single nationally recognised NHS-approved structured video education programme running alongside DESMOND and DAFNE in place at the moment, then healthcare professionals should use their discretion and

Video for diabetes education



signpost people with diabetes to some video education and information resources that are already available.

Diabetes UK has more than 250 videos on a variety of diabetes-related topics on Youtube for people to access any time at [www.youtube.com/user/diabetesukcharity](http://www.youtube.com/user/diabetesukcharity). The charity’s video animation about diabetes and the body, for instance, has been viewed over one million times. Finally, #Type1uncut provides a series of online resources to help young adults aged 16–30 with Type 1 diabetes manage their condition. The videos are made by young adults. See [www.youtube.com/user/type1uncut/videos](http://www.youtube.com/user/type1uncut/videos)



# Recent innovations in video

Three new video education resources have recently been developed for engaging people with diabetes to better self-manage and influence behaviour change.

## The Elsie Bertram Diabetes Centre team at Norfolk and Norwich University Hospital

has produced a series of short films and podcasts. Programme Manager Sally Watson explains: "Our aim was to produce accessible video education for the 44,000 people of Norfolk with diabetes that is web-based, by expanding upon a series of audio podcasts that had previously been created. This led to the production of 22 films and 140 audio podcasts online and the production of a DVD for those without internet access to place in libraries and prisons. Working with patient champions and supporters who have directly discussed patients educational needs following diagnosis, they are well placed to say what is lacking and what is required."

She feels that video education can offer diabetes patients:

- the ability to view it at a suitable time and in a relaxed environment
- the opportunity to view with family/friends to increase their understanding and support
- benefit from face-to-face consultations, as they can then address specific concerns raised after watching the videos
- an alternative to paperwork for those with literacy problems
- the option to pick out relevant bits to watch and repeat.

All 22 films can be accessed for free at: [www.nnuh.nhs.uk/videos/adultdiabetes](http://www.nnuh.nhs.uk/videos/adultdiabetes). Contact: [sally.watson@nnuh.nhs.uk](mailto:sally.watson@nnuh.nhs.uk) (see also *Update* Spring 2015, page 40.)

**eHealth Digital Media Ltd** has created PocketMedic – a digital platform delivering health information films 'prescribed' by clinicians to support patients to become 'expert' in managing their chronic conditions.

They have created a series of 11 films focusing on Type 2 diabetes that can be prescribed by a clinician to help create 'activated patients' based on the principles of self-determination theory:

- Patients feel a sense of autonomy – they are at the centre of managing their condition.
- Competence – becoming 'expert' in their condition.
- Relatedness or belonging – patients feel connected and part of dynamic and trusted relationship beyond the clinical setting.

Creative Director Kimberley Littlemore says: "It is difficult for patients and healthcare professionals to sift through the enormous amount of video material already available online. That is why we think that 'prescribing' content is so important." PocketMedic was shortlisted for the NHS England Innovations Prize 2015 and is a finalist in the NHS Wales Awards 2015. Contact: [kim@ehealthdigital.co.uk](mailto:kim@ehealthdigital.co.uk)

## Wandsworth Clinical Commissioning Group (CCG) in conjunction with Healthpad

has created and implemented an evidence-based offering, Managing My Diabetes. In 2014 it participated in pilot studies to discover the opinions of people living with diabetes about the efficacy of using video clips to increase their knowledge of diabetes, and help them better manage their conditions. At the core of Managing My Diabetes is a content library of some

250, 60-second videos contributed by local healthcare professionals that address people's FAQs about diabetes. These are now available to all Wandsworth healthcare professionals to help them:

- increase their connectivity with people living with diabetes and their carers
- increase patients' knowledge of the condition
- propel people living with diabetes towards self-management
- slow the onset of complications
- reduce unnecessary face time with doctors.

Dr Seth Rankin, Co-Chair, Wandsworth CCG Diabetes Group, and Managing Partner, Wandsworth Medical Centre says: "Providing healthcare information in short video clips featuring local healthcare professionals, which can be easily browsed by patients, creates greater connectivity between health professionals, patients and communities. Unlike clinicians and paper pamphlets, videos clips never wear out, and are available 24/7, 365 days a year. Importantly, any number of patients can access the same video, at the same time, from anywhere, and on any device. Our experience suggests that 60 to 80 second 'talking head' video clips are effective in increasing patients' knowledge of their conditions, and encourages self-management." The videos can be viewed at: [www.healthpad.net/directory/2/diabetes](http://www.healthpad.net/directory/2/diabetes)



Making diabetes videos for Norfolk

# Round-up of new diabetes education tools

As the previous article shows, video is an important tool in diabetes education. But there are many other approaches to delivering education and *Update* presents a small selection of recent projects below

## WANT TO OFFER A DIABETES EDUCATION PROGRAMME THAT MEETS LOCAL NEEDS?

**D**iabetes UK's new 'Bright Idea' case study explores how Tower Hamlets Clinical Commissioning Group has increased the uptake of self-management education for people with Type 2 diabetes, including among 'hard to reach' groups.

Tower Hamlets has an ethnically diverse, transient population with an increasing number of people with diabetes in need of self-management education. Several innovative techniques have been used to improve access to education. **Key to this has been the introduction of a new, simplified menu of education options.** This menu reflects a framework developed by Diabetes Education Scotland and is based on three levels. A Patient Activation Measure (PAM)\* is used to determine which education or support option is most suitable.

**Level one:** Information and one-to-one advice from an expert. This is provided in general practice with specialist support. Bengali-speaking diabetes link workers and translators from the hospital advocacy team are available.

**Level two:** Ongoing learning and support. Tower Hamlets runs two informal courses, Manage My Health and Good Moves, which deliver Short Key Messages – short, consistent health messages written by the diabetes centre staff – as well as advice on healthy living.

**Level three:** Structured Education. Everyone with Type 2 diabetes can attend X-PERT, a six-week quality-assured course that meets NICE requirements for diabetes education. Available in English and Bengali.

### Lessons learned

- 1 Education programmes must be flexible but health messages must remain consistent.
- 2 Referrers must have a clear understanding of the different options available and a simple referral process.
- 3 Education courses can improve health outcomes in a diverse and transient population. Simple interventions can be used to improve course uptake.

**i** Find the full Bright Idea case study and more on patient education options here: [www.diabetes.org.uk/self-management-education](http://www.diabetes.org.uk/self-management-education)

\*For more information about the Patient Activation Measure visit: [www.kingsfund.org.uk/publications/supporting-people-manage-their-health](http://www.kingsfund.org.uk/publications/supporting-people-manage-their-health)



## THE DIABETES MANUAL STRUCTURED EDUCATION PROGRAMME FOR TYPE 2 DIABETES (DMP)

**T**he DMP is a unique, 12-week programme, divided into six two-week stages. People with Type 2 diabetes work through the programme at home, with periodic, short telephone support calls from a trained diabetes manual facilitator. Each stage of the programme consists of a mix of diabetes-related information, food and physical activity-related activities, contained in a book, plus structured relaxation exercises via an audio CD.

People undergoing the programme can decide when and where they learn, and can also keep the manual and relaxation CD for future reference after they have completed the 12 weeks of activities. It's ideal for those who are



unable or do not wish to attend group structured education. Because it can be delivered in the context of routine diabetes care, it reduces the burden on practices for referrals, waiting lists and extra appointments.

The DMP is theoretically based on self-efficacy and has been shown in randomised controlled trials in the UK to improve knowledge and confidence in self-managing diabetes, diabetes related distress and blood glucose levels. It also meets all of the National Institute for Health and Care Excellence criteria for a structured education programme.



Home-based diabetes education with phone support works for many

The DMP and training for facilitators can be commissioned from Successful Diabetes, an independent specialist provider, licensed to deliver the DMP by the University of Warwick.

**i** For more information, including a 10-page sample, and how to commission the DMP visit: [www.successfuldiabetes.com/working-with-diabetes/diabetes-manual](http://www.successfuldiabetes.com/working-with-diabetes/diabetes-manual) or contact Rosie Walker, Director, Successful Diabetes at [rosie@successfuldiabetes.com](mailto:rosie@successfuldiabetes.com)

# Health Innovation Network structured education toolkit for **Type 2 diabetes**

**A**lthough the benefit of structured education in Type 2 diabetes is recognised, uptake remains poor. South London has an ethnically and socio-economically diverse population and barriers to uptake are complex. Qualitative data suggests three themes:

- Lack of information/perceived benefit of the programme.
- Unmet personal preferences.
- Shame and stigma of diabetes.

The Health Innovation Network (HIN) – which is the Academic Health Science Network for South London – has recognised the complexity of the barriers to accessing structured education and is leading a programme to improve uptake across South London. This builds on the success of local organisations including the third sector, commissioners,

providers, local government and service user representatives:

- improving referral by inviting healthcare professionals to attend 'taster sessions'
- ensuring that service specifications require collection of robust 'key performance indicators' by provider organisations
- ensuring that venues are easily accessible
- Involving local people in development of education provision
- developing of education programmes that meet the needs of local populations
- using lay educators.

Using these examples, a toolkit for optimal delivery of structured education in London has been developed. The resource is intended for referrers to, commissioners and providers of

structured education and people with diabetes, their families or carers. The toolkit is intended as an interactive document that will be actively used by these groups to co-design education for local populations. The HIN is collecting data on uptake of structured education across South London and to benchmark this across the membership. It is anticipated that this will lead to the provision of more relevant programmes with greater access for local people.

