

Kimberley Project sharing template – completed projects

Group name	Feltman
Boab staff member	Bernadette O'Brien, Amy Freeman
Group organisers name	As above
Group organisation's Name	Boab Health Services
Program/project partners	BRAMS
Budget	\$112
Session Duration	4.5 hours

Why?

Poorly or unmanaged Type 2 diabetes is a major influence on poor health outcomes within the ATSI population of the Kimberley. The poor health outcomes are largely preventable. Accessing culturally appropriate diabetes education services will increase the understanding of diabetes, its management and complication prevention.

This diabetes self-management education session has some influence from peak diabetes organisations and allied health professionals with experience in both diabetes and working with ATSI people in the remote setting. The sessions aim to appeal to and therefore increase ATSI participation in diabetes education and also offer potential for effective resource management of the Allied Health professional.

Who? When? Where?

- The target audience was clients of BRAMS with type 2 diabetes. Participants were encouraged to bring a significant other. We had 4 people attend – all female ATSI with Type 2 diabetes.
- The session was held at BRAMS 50c room Tuesday 4/7/2017.
- Amy Freeman – Boab Health podiatrist and Bernadette O'Brien Boab Health diabetes educator facilitated the session.

How did you make it happen?

Feltman was held in lieu of the ATSI DESMOND which was unable to proceed due to DESMOND regulations. In summary the day was organised as follows:

- Amy and Bernadette identified an available date approximately 8 weeks in advance
- Permission obtained from BRAMS and venue booked
- 3 weeks prior to session- GPs and stakeholders notified and support requested, via email
- Promotion of same verbally with staff and patients when attending BRAMS clinics
- Posters and flyers developed (firstly as DESMOND and then changed to Feltman) and circulated at BRAMS
- Referral and consent information developed/promoted and circulated
- Feltman/session materials teaching materials developed
- 1 week prior Amy and Bernadette met for lesson planning and structuring of time line
- Phone calls to approximately 5 people to invite to session with some acceptances
- BRAMS CDN also referring people
- Catering organised for 14 people
- 1 week prior – reminder to GPs and other stakeholders notified and support requested in via email
- 6 days prior – final check Amy and Bernadette re roles/responsibilities
- Morning of session arrive 1 hour early to set up venue, place direction signage
- Conduct session using adult learning theories and also some questioning techniques similar but not identical to DESMOND,
- Use Feltman model for clinical descriptions,
- Enable client led session that deviated from structured DESMOND session topics and led to a number of the client concerns being discussed in a relaxed conversational format

So...

- 4 people attended
- 3 of the participants were not known to the facilitators
- No GP referrals were received
- BRAMS chronic disease nurse and Family centre nurse very helpful in encouraging people to attend
- Venue had been double booked but luckily other booking found alternative space
- Participants all arrived late
- Information to be delivered was a condensing of the DESMOND material but not all of it could be presented due to time restrictions and the direction that the group took
- Catering supplied and delivered by Recovery centre- enjoyed by all and inexpensive (\$8 per round)
- Participant showed a lot of interest and engaged extremely well
- Participants were interactive and it didn't take long for the group to gel (3 participants were related) and talk quite openly

*Need to develop Cycle of care resource

How did you get feedback?

Verbal feedback only – it was a longish day and evaluation forms did not get tabled – people had just finished their action plans

Comments included

- “When is the next one?”
- “More people should come to this – I’ll be telling people”
- “I never knew about this before.”
- Participants were asked to provide their most important questions. The following were nominated;
- “Why isn’t there more diabetes education to all of the people?”
- “Why do we get diabetes?”
- “What food can we eat and drink?”
- The feedback re barriers to exercise included:
- “Shame”
- “tiredness”
- “Time”
- “commitments with family”

Resources

- Feltman
- Laminated illustrations
- Large adhesive charts and writing materials and stickers for names
- Laminated headings for diabetes topics and signage
- Tea, coffee and milk, cups, mugs and tumblers
- Water
- Morning tea- biscuits, dips and fruit
- Food models, food plates, paper plates and sugar cubes
- Cloth cover
- Action plans
- Health profiles
- Diabetes fact sheets – recipes and physical activity guides
- Obesity model
- Blood vessel and cholesterol model
- Insulated bags for insulin transport